

FOR PROFIT CORPORATION

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2002 8:00 am
Secretary of State

05-01-2002 91560 034 ***150.00

DOCUMENT # P01000080525

1. Entity Name

17149 Corporation

2. Principal Place of Business

155 Ocean Lane Drive

3. Mailing Address

155 Ocean Lane Drive

Suite, Apt. #, etc.
Suite 1105

Suite, Apt. #, etc.
Suite 1105

City & State
Key Biscayne, Florida

City & State
Key Biscayne, Florida

Zip Country
33149 USA

Zip Country
33149 USA

4. FEI Number

65-1131670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Alvaro Castillo B., P.A.

Street Address (P.O. Box Number is Not Acceptable)

1390 Brickell Avenue

Suite 200

City

Miami

FL

Zip Code

33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

Additions/Changes to Officers and Directors

TITLE D
NAME Laura Mancini de Campbell
STREET ADDRESS 155 Ocean Lane Drive, #1105
CITY-STATE-ZIP Key Biscayne, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D
NAME Fernando Campbell
STREET ADDRESS 155 Ocean Lane Drive, #1105
CITY-STATE-ZIP Key Biscayne, FL 33149

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STREET ADDRESS
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fernando Campbell

4-16-02

(305) 371-5540

Date

Daytime Phone #

CR2E034B (12/01)