

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90147 013 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000003426**

1. Entity Name  
**1528 FLORIDA INC.**



Principal Place of Business

Mailing Address

~~520 BRICKELL KEY DR, SUITE 0 305~~  
~~MIAMI, FL 33131~~

~~520 BRICKELL KEY DR, SUITE 0 305~~  
~~MIAMI, FL 33131~~

2. Principal Place of Business  
**25 SE 2nd Avenue**

3. Mailing Address  
**25 SE 2nd Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 712**

**Suite 712**

City & State

City & State

**Miami, FLORIDA**

**Miami, FLORIDA**

Zip

Country

**33131**

**USA**

Zip

Country

**33131**

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**75-2987827**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUIMARAES, GABRIELA M**  
**25 S.E. 2ND AVENUE**  
**SUITE 712**  
**MIAMI, FL 33131**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GUIMARAES, GABRIELA M	520 BRICKELL KEY DR, SUITE 0 305	MIAMI, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Guimaraes, Gabriela M	25 SE 2nd Avenue	Miami, Florida 33131	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)