

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023627

1. Entity Name

FINAL AGE ENTERPRISES, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90188 001 ***150.00

Principal Place of Business

Mailing Address

1607 PONCE DE LEON BLVD., SUITE 101
CORAL GABLES FL 33134

1607 PONCE DE LEON BLVD., SUITE 101
CORAL GABLES FL 33134

C0058148



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

250 GIRALDA AVE

250 GIRALDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CORAL GABLES, FL

CORAL GABLES, FL

City & State

City & State

4. FEI Number 65-0696873

Applied For

Not Applicable

Zip

Country

33134

USA

Zip

Country

33134

USA

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

NUNEZ, ALEJANDRO ESQ.
1607 PONCE DE LEON BLVD., SUITE 101
CORAL GABLES FL 33134

Name

NUNEZ, ALEJANDRO ESQ

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

250 GIRALDA AVENUE

City

CORAL GABLES

FL

Zip Code

33134

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.

ALEJANDRO NUNEZ, ESQ

(NOTE: Registered Agent signature required when reinstating)

4-26-01

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE PSTD
NAME DELGADO, MIRIAM
STREET ADDRESS 12432 S.W. 11TH TERRACE
CITY-ST-ZIP MIAMI FL 33184 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME DELGADO, MARIAM J.
STREET ADDRESS 9715 SW 114 STREET
CITY-ST-ZIP MIAMI FLORIDA 33176 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mariam Delgado

PRESIDENT

MARIAM DELGADO

4-26-01

305-774-6222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0162844