

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

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90081 048 ***158.75

DOCUMENT # P96000023627

1. Entity Name

FINAL AGE ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7984 SW 56 ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 558027

Suite, Apt. #, etc.

90017601

DO NOT WRITE IN THIS SPACE

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

4. FEI Number

65-0696873

Applied For

Not Applicable

Zip

33155

Country

Zip

33255-8027

Country

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 **ALEJANDRO NUNEZ ESQ.**

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

250 GIRALDA AVE.

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. 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 consenting)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

PSTD.

ALBERTO M DELGADO

12295 SW 93RD AVE.

MIAMI FL 33176

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

ALBERTO M. DELGADO

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 273-1263

CR2E034B (12/02)