

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90275 002 *1,350.00

DOCUMENT # V54353

1. Entity Name
2255 INC.

Principal Place of Business
2255 SW 7TH STREET
MIAMI FL 33125

Mailing Address
9280 SW 150 AVENUE
SUITE 105
MIAMI FL 33196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0351565**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ESPMEL, PAULMO
9280 SW 150 AVENUE
MIAMI FL 33196

Name **Espernel Paulmo**
 Street Address (P.O. Box Number is Not Acceptable) **9280 SW 150 Ave S105**
 City **MIAMI** FL **33196**

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, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-2002

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME **DP ESPINEL, PAULMO III**
 STREET ADDRESS **14936 SW 104 STREET, UNIT #20**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Change ☐ Addition
 NAME **DP ESPINEL Paulmo III**
 STREET ADDRESS **9280 SW 150 Ave S105**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☒ Delete
 NAME **DS ESPINEL, MICHAEL**
 STREET ADDRESS **14936 SW 104 STREET, UNIT 20**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Change ☐ Addition
 NAME **DS ESPINEL Michael**
 STREET ADDRESS **9280 SW 150 Ave S105**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☒ Delete
 NAME **DT ESPINEL, PAULINO**
 STREET ADDRESS **14936 SW 104 STREET, UNIT 20**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Change ☐ Addition
 NAME **DT Espinel Paulino H**
 STREET ADDRESS **9280 SW 150 Ave S105**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2002 **3885791**
305 726 8627
 Date Daytime Phone #

CR2E034 (9/01)