

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90297 001 *1,500.00

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0351565**

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

**ESPINEL, PAULMO
9280 SW 150 AVE SUITE 105
MIAMI FL 33196**

Name **Espinel Paulino**
Street Address (P.O. Box Number is Not Acceptable) **9280 SW 150 Ave Suite 105**
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. 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)

4/5/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **ESPINEL, PAULMO III**
STREET ADDRESS **9280 SW 150 AVE SUITE 105**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **DP** ☒ Change ☐ Addition
NAME **Espinel Paulino III**
STREET ADDRESS **9280 SW 150 Ave Suite 105**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **DS** ☐ Delete
NAME **ESPINEL, MICHAEL**
STREET ADDRESS **9280 SW 150 AVE SUITE 105**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **DS** ☒ Change ☐ Addition
NAME **Espinel Michael**
STREET ADDRESS **9280 SW 150 Ave Suite 105**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **DT** ☐ Delete
NAME **ESPINEL, PAULINO**
STREET ADDRESS **9280 SW 150 AVE SUITE 105**
CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 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

4/5/03 **305 380 6116**
Date Daytime Phone #

CR2E034 (10/02)