

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M52838**

1. Entity Name

93RD AVENUE CORPORATION**FILED**
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90025 025 ***150.00

Principal Place of Business

Mailing Address

**9300 N W 25 STREET
STE 211
MIAMI FL 33172
US****9300 N W 25 SHREET
STE 211
MIAMI FL 33172
US****C0023926**

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

59-2835829

Applied For

Not Applicab

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

**ESCRIBANO, EDUARDO
9300 N.W. 25TH ST.
SUITE 211
MIAMI FL 33172**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PTD			
	ESCRIBANO, EDUARDO			
	9300 N.W. 25TH ST. #211			
	MIAMI FL 33172			
	VSD			
	FERRERA, ANDREW S.			
	9300 N.W. 25TH ST. #211			
	MIAMI FL 33172			

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 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 #

EDUARDO ESCRIBANO 2-15-00 301 (591-921)