

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90205 040 ***150.00

DOCUMENT # S88075

1. Entity Name

ALGEBRA INVESTMENTS & REALTY CORP.

Principal Place of Business

~~17008 COLLINS AVE.~~
~~SUNNY ISLES BEACH FL 33160~~

Mailing Address

~~17008 COLLINS AVE.~~
~~SUNNY ISLES BEACH FL 33160~~

2. Principal Place of Business

17008 Collins Ave.

3. Mailing Address

17008 Collins Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunny Isles Beach, FL

City & State

Sunny Isles Beach, FL

Zip

33160

Country

DADE

Zip

33160

Country

DADE

4. FEI Number

65-0313670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LERMAN, ISIDORO

48 E. FLAGLER ST. (PENTHOUSE 101)

MIAMI FL 33131

7. Name and Address of New Registered Agent

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, 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

TITLE **DP** ☐ Delete
NAME **NUNES, NADIR**
STREET ADDRESS **16711 COLLINS AVE.**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **DVP** ☐ Delete
NAME **NUNES, JOSE A**
STREET ADDRESS **16711 COLLINS AVE.**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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 of Nadir Nunes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2002 (301) 956 5900
Date Daytime Phone #

CR2E034 (9/01)