

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90065 002 ***150.00

DOCUMENT # P98000054711

1. Entity Name
3625, INC.



Principal Place of Business
~~19555 EAST COUNTRY CLUB DR #207~~
~~AVENTURA FL 33180~~

Mailing Address
PO BOX 190310
FT LAUDERDALE FL 33319



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3144 ne 212 st

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Aventura FL

City & State

4. FEI Number
65-0852093

Applied For

Not Applicable

Zip
33180

Country
USA

Zip
33180

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

NEPOLA, TODD T
19555 EAST COUNTRY CLUB DRIVE #207
AVENTURA FL 33180

Name **Todd Nepola**
Street Address (P.O. Box Number is Not Acceptable)

3144 ne 212 st

City **Aventura** FL Zip Code **33180**

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)

DATE

1/5/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
NEPOLA, THOMAS C
3700 SOUTH OCEAN BLVD #503
HIGHLAND BEACH FL 33487

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
NEPOLA, TODD
19555 EAST COUNTRY CLUB DR #207
AVENTURA FL 33180

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

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☐ Change ☐ Addition

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

1/5/03 305-467-4450

Date

Daytime Phone #

CR2E034 (10/02)