

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90290 002 ***150.00

DOCUMENT # P 01000004955

1. Entity Name

305-69 STREET, CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16861 NW 77 PL.

Suite, Apt. #, etc.

3. Mailing Address

16861 NW 77 PL.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI LAKES - FL.

City & State

MIAMI LAKES - FL.

4. FEI Number

65-1096814

Applied For

Not Applicable

Zip

33016-8434

Country

Zip

33016-8434

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CARLOS GARCIA

Street Address (P.O. Box Number is Not Acceptable)

16861 NW 77 PL.

City

MIAMI LAKES

FL

Zip Code

33016

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME

STREET ADDRESS

CITY - ST - ZIP

GARCIA CARLOS
16861 NW 77 PL.
MIAMI LAKES - FL. 33016

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

GARCIA, JOSE
16861 NW 77 PL.
MIAMI LAKES - FL. 33016

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS GARCIA,

4/25/03

Date

Daytime Phone #

CR2E034B (12/01)