

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90047 030 ***150.00

DOCUMENT # 242804

1. Entity Name

TURNER'S OF MIAMI CORP.

Principal Place of Business

**2337 N.W. 5TH AVE
 MIAMI FL 33127
 US**

Mailing Address

**2337 N.W. 5TH AVE
 MIAMI FL 33127
 US**

2. Principal Place of Business

3050 NW 40 St.

Suite, Apt. #, etc.

3. Mailing Address

3050 NW 40 St.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33142

Country

USA

Zip

33142

Country

USA

4. FEI Number

59-0910225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**TURNER, MARCIA
 2337 NW 5 AVE
 MIAMI FL 33127**

7. Name and Address of New Registered Agent

Name **TURNER, MARCIA**

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

3050 NW 40 St.

City **MIAMI**

FL

Zip Code **33142**

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

Marcia Turner

MARCIA TURNER

4/3/01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	TURNER, DINA	
STREET ADDRESS	5700 COLLINS AVE #6E	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	TURNER, MARCIA	
STREET ADDRESS	5500 COLLINS AVE #902	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CALZADILLA, MARCOS	
STREET ADDRESS	7120 SW 107 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TURNER, MARCIA	
STREET ADDRESS	5500 COLLINS AVE #902	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KABAK, IDA	
STREET ADDRESS	12419 N. BAYSHORE DR	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KABAK, ELIAS	
STREET ADDRESS	12419 N. BAYSHORE DR	
CITY-ST-ZIP	N. MIAMI FL 33181	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Elias Kabak **ELIAS KABAK**

4/3/01

305-638-7772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)