

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90724 011 ***150.00

DOCUMENT # 407731

1. Entity Name
1621 DOUGLAS, INC.



Principal Place of Business
1621 S.W. 37TH AVENUE
MIAMI FL 33145

Mailing Address
1621 S.W. 37TH AVENUE
MIAMI FL 33145



2. Principal Place of Business
P.O. Box 431750
Suite, Apt. #, etc.
MIAMI FLORIDA
City & State

3. Mailing Address
P.O. Box 431750
Suite, Apt. #, etc.
MIAMI FLORIDA
City & State

☐ CHECK HERE IF MAKING CHANGES

Zip 33243 Country USA

Zip 33243 Country U.S.A.

4. FEI Number 59-1414724

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOBODA, JEFFREY
1621 S.W. 37TH AVENUE
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name JEFFREY SOBODA
Street Address (P.O. Box Number is Not Acceptable)
7745 SW 86TH ST. # D-215
City MIAMI FL Zip Code 33143

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

(NOTE: Registered Agent signature required when reinstating)

4-28-03
DATE

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	P	<input type="checkbox"/> Delete
NAME	SOBODA, JEFFREY	
STREET ADDRESS	1621 S.W. 37TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OMARA, JOHN	
STREET ADDRESS	1621 S.W. 37TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7745 SW 86TH ST. # D-215	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jeffrey Soboda* **SIGNATURE REQUIRED** JEFFREY SOBODA 4/28/03 (305) 595-2901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)