

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90002 008 ***150.00

0140928 AV

DOCUMENT # 617705

1. Entity Name
IRETE, INC.

Principal Place of Business

**7600 W 20TH AVE
SUITE 213
HIALEAH FL 33016
US**

Mailing Address

**7600 W 20TH AVE
SUITE 213
HIALEAH FL 33016
US**



2. Principal Place of Business

480 W 84th Street

Suite, Apt. #, etc.

201

City & State

HIALEAH FL.

Zip

33014

Country

USA

3. Mailing Address

480 W 84th Street

Suite, Apt. #, etc.

201

City & State

HIALEAH FL.

Zip

33014

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2023123

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAZARE, FRANCOIS
7600 W 20TH AVE
SUITE 213
HIALEAH FL 33016**

7. Name and Address of New Registered Agent

Name

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

480 W 84th Street #201

City

HIALEAH

FL

Zip Code

33014

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 **PDS** ☐ Delete
NAME **LAZARE, FRANCOIS**
STREET ADDRESS **7600 W 20TH AVE, SUITE 213**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 **480 W 84th Street #201**
CITY-ST-ZIP **HIALEAH FL. 33014**

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

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

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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:

FRANCOIS LAZARE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02 (305) 558-6280

Date

Daytime Phone #

CR2E034 (9/01)