

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 624291

1. Entity Name

RETAMAR & ASSOCIATES, CORP.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90056 005 ***150.00

Principal Place of Business

104 CRANDON BOULEVARD
SUITE 421-B
KEY BISCAYNE FL 33149
US

Mailing Address

328 CRANDON BL. STE. 222-B
KEY BISCAYNE FL 33149
US

2. Principal Place of Business

104 CRANDON BLVD.

3. Mailing Address

104 CRANDON BLVD

Suite, Apt. #, etc.

421-B

Suite, Apt. #, etc.

421-B

City & State

KEY BISCAYNE FLA.

City & State

KEY BISCAYNE FLA

Zip

33149

Country

DOE

Zip

33149

Country

DOE

4. FEI Number

59-1935017

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RETAMAR, (HENRY)
2050 GORAL WAY
#519
MIAMI FL 33145

NEW ADDRESS

201 CRANDON BLVD
APT 42X
KEY BISCAYNE FLA
33149

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Henry Retamar (HENRY RETAMAR PRESIDENT)

1-15-2001

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
RETAMAR, HENRY
2050 GORAL WAY #519
MIAMI FL 33145
201 CRANDON BLVD
APT 42X
KEY BISCAYNE FLA 33149

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

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

Henry Retamar (HENRY RETAMAR)

1-15-2001

(305) 361-1242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)