2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 23, 2002 8:00 am

1. Entity Na	UMENT # ame ER 251, INC.	650154	1 :	ا منيد			Secreta 06-23-2002			
Principal Place of Business 255 E. FLAGLER ST 3RD FLOOR MIAMI FL 33131 2. Principal Place of Business Mailing Address 255 E. FLAGLER ST 3RD FLOOR MIAMI FL 33131 3. Mailing Address										
					-					
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE			
City & State			City & State			4.	4. FEI Number 59-1971546 Applied For Not Applicable			
Zip	Coun		Zip	Coun	try	5.	Certificate of Status Desired	\$8.75 /	Additional	1
	6. Name and Add	dress of Current Re	gistered Agent			7.	Name and Address of New Registe			╣.
LOUMIE	T, JUAN P., ESQ.				Name					_
GREENB	ERG TRAURIG P.A.				Street Add	dress (P.O. I	Box Number is Not Acceptable)			7
1221 BR	ICKELL AVENUE			ļ	-					٦
MIAMI FL 33131					City Zip Code					
8. The above				its registere			ent, or both, in the State of Florida.	ATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable					viii be \$550	0.00	Election Campaign Financing Trust Fund Contribution.	\$5.	.00 May Be	- ·
1.		OFFICERS AND DIR	ECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	PS IN 11	-
ITLE IAME TREET ADORESS ITY-ST-ZIP	DPT JEBAI-CLARAMON 255 E FLAGLER S MIAMI FL	TE, FATIMA T, 3RD FLOOR	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			Change		CR2E034 (9/01)
NTLE NAME NTREET ADDRESS NTV-ST-ZIP	DVS JEBAI, PEDRO K 255 EAST FLAGLER STREET, 3RD FLOOR MIAMI-FL 33131				1		_	☐ Change	☐ Addition	CR2
itle Ame Treet Aûdress			☐ Delete	TITLE NAME STREET	ADDRESS			☐ Change	☐ Addition	
ITY-ST-ZIP TLE		<u> </u>		CITY-S1		_	· ·			
/LC			□ nalata	7.77.6	, 1					1

CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 emoswered to execute this report as required by Chapter 607. Forida Statutes; and that my name appears in Block 11 or Block 12 if

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Defete

Date Daytime Phone #

☐ Change

☐ Change

☐ Change

☐ Addition

☐ Addition

☐ Addition