

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90199 011 ***550.00

DOCUMENT # 845865

1. Entity Name

73 CORP.

Principal Place of Business

Mailing Address

9280 NW 12 STREET
MIAMI FL 33172**9280 NW 12 STREET**
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

340 Sevilla Ave**340 Sevilla Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Gables, FlCity & State
Coral Gables, Fl4. FEI Number **22-2175634**

Applied For

Not Applicable

Zip
33134Country
DadeZip
33134Country
Dade5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOHLMAN, CARMEN E
9280 NW 12 STREET
MIAMI FL 33172

Name

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

340 Sevilla Ave.City **Coral Gables****FL**Zip Code
33134

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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **DUNN, HARRY**
CITY-ST-ZIP **9280 NW 12 STREET**
MIAMI FL 33172TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **340 Sevilla Ave**
CITY-ST-ZIP **Coral Gables, Fl 33134**TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **MOHLMAN, CARMEN E**
CITY-ST-ZIP **9280 NW 12 STREET**
MIAMI FL 33172TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **340 Sevilla Ave.**
CITY-ST-ZIP **Coral Gables, Fl 33134**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:**Carmen E. Mohlman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8/5/02**

Date

Daytime Phone #

CR2E034 (4/02)