


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90266 050 ***150.00

0254717 AV

DOCUMENT # F00000005753	
1. Entity Name PROJECT 501 CORP.	

Principal Place of Business 3191 CORAL WAY 104 MIAMI FL 33145	Mailing Address 3191 CORAL WAY 104 MIAMI FL 33145
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1002125		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE FL 32301-0000		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **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 PD NAME KATTAN, DANIEL STREET ADDRESS 3191 CORAL WAY STE 104 CITY-ST-ZIP MIAMI FL 33145	<input checked="" type="checkbox"/> Delete	TITLE P (President) NAME Lafee, Oswaldo STREET ADDRESS 3191 Coral way ste. 104 CITY-ST-ZIP miami, FL. 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME LALEE, OSWALDO STREET ADDRESS 3191 CORAL WAY STE 104 CITY-ST-ZIP MIAMI FL 33145	<input type="checkbox"/> Delete	TITLE D (Director) NAME Jahn, Luis STREET ADDRESS 3191 coral way ste. 104 CITY-ST-ZIP miami, FL. 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME JAHN, LUIS STREET ADDRESS 3191 CORAL WAY STE 104 CITY-ST-ZIP MIAMI FL 33145	<input type="checkbox"/> Delete	TITLE D (Director) NAME Vinuela, Arturo STREET ADDRESS 3191 coral way ste. 104 CITY-ST-ZIP miami, FL. 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME VINVELA, ARTURO STREET ADDRESS 3191 CORAL WAY STE 104 CITY-ST-ZIP MIAMI FL 33145	<input type="checkbox"/> Delete		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		

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:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** _____ **Daytime Phone #** _____

CR2E034 (10/02)