

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90687 003 \*\*\*150.00

**DOCUMENT #** G16003

1. Entity Name

UPRIGHT ENTERPRISES, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5901 S.W. 74th ST

3. Mailing Address  
8919 S.W. 150th NECT CR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#302

City & State  
SOUTH MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
59-2691628

Applied For  
Not Applicable

Zip  
33143

Country  
USA

Zip  
33196

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

36933

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
MARTIN-LAVIELLE

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

901 PONCE DELEON BLVD SUITE 502

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	PTS AVILA, LEON 8220 S.W. 62nd AVE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AVILA, LEON 8919 S.W. 150th N. CT CIR MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD AVILA, ANA E. 7105 S.W. 112th AVE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-2002

Date

(305) 669-3859

Daytime Phone #