## Apr 15, 2002 8:00 am Secretary of State

04-15-2002 90009 034 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

J78867 DOCUMENT # 1. Entity Name 1975 WASHINGTON AVENUE, INC.

Principal Place of Business Mailing Address										
1940 PARK AVE Miami Beach FL 33139			1940 PARK AVE MIAMI BEACH FL 33139							
US			US				1 1800) IO ANN 1800) 18181 18170 BUDU		DIDII DIDII BI	IATO ALDON IRAD
2. Principal F	Place of Busin	ness	3. Mailing Address					1981 91911 91911	B1871 61811 61	(81) 81814 1881
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. F	59-2813106	•		pplied For ot Applicable
Zip	Country Z		Zip Country		ry	<b>5</b> . C	5. Certificate of Status Desired			
	6. Name	and Address of Current R	egistered Agent			7. N	ame and Address of New Re			
				Name						
Greer, evelyn langlieb 2400 South dixie hwy.			Street Address			ess (P.O. B	(P.O. Box Number is Not Acceptable)			
		1441.								
- MIAMI FL 33133					City			FL.	Zip Code	e
8. The above	named entit	y submits this statement for	the purpose of changing its	registere	d office or regi	istered age	ent, or both, in the State of Flori	da.	l	
SIGNATURE	Signature, typed	or printed name of registered agent ar	d title if applicable. (NOTE	: Registered	Agent signature req	quired when rei	nstating)	DATE		
9 This corp.	oration is elia	ible to eatisfy its Intangible	FII E NOW!	II FFF I	IS \$150.00					_
<ol> <li>This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</li> </ol>			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00						<b>*-</b> ~	
_	•		After May 1, 200			00	<ol> <li>Election Campaign Final Trust Fund Contribution.</li> </ol>			May Be
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(See crite  11.  TITLE  NAME  STREET ADDRESS	PD ALEXANDI 689 - 86 S	OFFICERS AND DRU, ADRIAN	Make Check Payab	D2 Fee vole to De  12.  TITLE  NAME  STREE	will be \$550.0 partment of s	State	Trust Fund Contribution.	ERS AND D	Added	I to Fees
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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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR