

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K27811

1. Entity Name

JUAREZ HOLDINGS, INC.

Principal Place of Business

C/O B. LANDY  
ONE S.E. 3RD AVENUE, 28TH FLOOR  
MIAMI FL 33131

Mailing Address

C/O B. LANDY  
ONE S.E. 3RD AVENUE, 28TH FLOOR  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 98-0033050

Applied For

Not Applicable

5. 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

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. 3RD AVENUE  
28TH FLOOR  
MIAMI FL 33131

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.

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME D'AGOSTO, MARIA CRIADO D  
STREET ADDRESS 3 GROVE ISLE DRIVE APT 1809  
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME D'AGOSTO, ANGEL  
STREET ADDRESS 3 GROVE ISLE DRIVE APT 1809  
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVS ☐ Delete  
NAME D'AGOSTO, MARIA  
STREET ADDRESS 3 GROVE ISLE DRIVE APT 1809  
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maria Criado D'Agosto 4/3/01 (305)8600269

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90149 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)