

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**  
 02-20-2002 90165 040 \*\*\*150.00

**DOCUMENT # K92982**

Entity Name  
**UNSIDE APARTMENTS, INC.**

Principal Place of Business

600 W 20TH AVE  
 SUITE 213  
 HIALEAH FL 33016  
 US

Mailing Address

7600 W 20TH AVE  
 SUITE 213  
 HIALEAH FL 33016  
 US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

480 W 84th Street

3. Mailing Address

480 W 84th Street

Suite, Apt. #, etc.

BLDG. A #201

Suite, Apt. #, etc.

BLDG. A #201

City & State

HIALEAH FLORIDA

City & State

HIALEAH FLORIDA

4. FEI Number

65-0137764

Applied For

Not Applicable

Zip

33014

Country

MIAMI-DADE

Zip

33014

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

DELGADO, RENAN E.  
 7600 WEST 20TH AVE  
 STE 213  
 HIALEAH FL 33016

## 7. Name and Address of New Registered Agent

Name

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

480 West 84th Street

BLDG. A #201

City

HIALEAH

FL

Zip Code

33014

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DELGADO, RENAN E.	
STREET ADDRESS	7600 W 20TH AVE STE 213	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DELGADO, ANTONIO	
STREET ADDRESS	7600 W 20TH AVE STE 213	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DELGADO, ALEIDA	
STREET ADDRESS	7600 W 20TH AVE. STE. 213	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	480 West 84th Street BLDGA #201
CITY-ST-ZIP	HIALEAH FL. 33014
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	480 West 84th Street BLDGA #201
CITY-ST-ZIP	HIALEAH FL 33014
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	480 West 84th Street BLDGA #201
CITY-ST-ZIP	HIALEAH FL. 33014
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02

(305) 558-6280

Date

Daytime Phone #

CR2E034 (9/01)