

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K96758

1. Entity Name

BORROTO, REUS & LOYNAZ P.A.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90228 038 ***150.00

Principal Place of Business

6175 NW 153 ST.
#403
MIAMI LAKES FL 33014
US

Mailing Address

6175 NW 153 ST.
#403
MIAMI LAKES FL 33014
US

00001010

2. Principal Place of Business

19411 E. OAKMONT DR.

3. Mailing Address

19411 E. OAKMONT DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA.

City & State

MIAMI FLA

Zip

33015

Country

US

Zip

33015

Country

US

4. FEI Number

65-0126452

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REUS, MANNY
6175 NW 153 ST.
SUITE 403
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

ARIEL ZAYAN

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

625 75th Street #3

City

MIAMI BEACH

FL

Zip Code

33141

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

4/30/01

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

TITLE P
NAME REUS, MANUEL
STREET ADDRESS 6175 NW 153 ST., #403
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE ST
NAME LOYNAZ, BEATRIZ
STREET ADDRESS 6175 NW 153 ST., #403
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE VP
NAME SUDREZ, LEO
STREET ADDRESS 6175 NW 153 ST.
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Sime
STREET ADDRESS 19411 E OAKMONT DR
CITY-ST-ZIP MIAMI, FLORIDA 33015 ☒ Change ☐ Addition

TITLE
NAME Sime
STREET ADDRESS 20042 W. LAKE DRIVE
CITY-ST-ZIP MIAMI, FLA 33015 ☒ Change ☐ Addition

TITLE
NAME Sime
STREET ADDRESS 20042 W. LAKE DR.
CITY-ST-ZIP MIAMI, FL 33015 ☒ Change ☐ Addition

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

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

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

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

4/30/01

Date

822-3915

Daytime Phone #

CR2E034 (10/00)