

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000004149

1. Entity Name

Immune Awareness Associates, LLC.



FILED

04 DEC 15 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 East 25 Street

3. Mailing Address

600 East 25 Street

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

Suite F

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip
33013

Country

Miami-Dade

Zip
33013

Country

Miami-Dade

4. FEI Number

65-1083882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

600043365296

12/13/04-01059-004 **150.00

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Maria C Torres**

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

600 East 25 Street Suite F

City **Hialeah**

FL

Zip Code
33013

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Maria Torres

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

(NOTE: Registered Agent signature required when reinstating)

12-3-04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
Maria C Torres / (P)(VP)(T)(S) 600 East 25 Street Suite F Hialeah, FL 33013	

**DO NOT WRITE
IN THIS SPACE**

REINSTATEMENT 04

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-03-04

Date

305 691-0112

Daytime Phone #

CR2E034B (12/02)