

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT

L010000004149

DOCUMENT # L010000004149

1. Entity Name:

IMMUNE AWARENESS ASSOCIATES LLC



FILED

03 OCT 21 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

4800 WEST FLAGLER ST.

3. Mailing Address:

13200 S.W. 128 STREET

State, Apt., etc.

214

State, Apt., etc.

F-4

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1083882

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33186

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name:

ARMANDO GONZALEZ

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

13200 S.W. 128 STREET F-4

City

MIAMI

FL

Zip Code

33186

DO NOT WRITE
IN THIS SPACE

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

Signature typed or printed name of registered agent and date of appointment

Signature typed or printed name of registered agent and date of appointment

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-STATE-ZIP
PRESIDENT
ARMANDO GONZALEZ
13200 S.W. 128 STREET F-4
MIAMI, FLORIDA 33186

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

700024047657
10/23/03--01003--021 **\$150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes. I further certify that the information indicated on this report or supporting 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 recipient of 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 size of record.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO GONZALEZ, PRES 10/17/03

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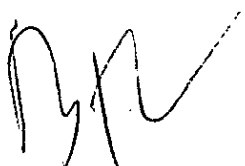
IMMUNE AWARENESS ASSOCIATES LLC.
4800 WEST FLAGLER STREET
SUITE 214
MIAMI, FLORIDA 33134

October 16, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Annual Report 2003
65-1083882

Dear Sir or Madam:

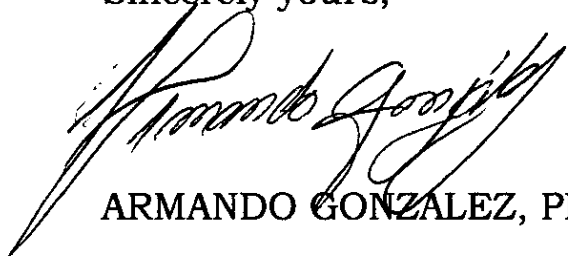


Please be advised that I did not receive the annual report until today's notice.

Attached you will find my check in the amount of \$150.00 to put my account current.

Thank you in advance in regards to this matter.

Sincerely yours,



ARMANDO GONZALEZ, PRES.