

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99816

1. Entity Name

4417 N.W. 185 STREET, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90045 032 ***150.00

Principal Place of Business

1201 S OCEAN DR
#2006 - SOUTH
HOLLYWOOD FL 33019
US

Mailing Address

1201 S OCEAN DR
#2006 - SOUTH
HOLLYWOOD FL 33019
US

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 59-3056239

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

ARIAS, MARGUERITE
1201 S OCEAN DR
UNIT 219 S
HOLLYWOOD FL 33019

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 PD
NAME ARIAS, MARGUERITE
STREET ADDRESS 1201 S OCEAN DR #2006 S
CITY-ST-ZIP HOLLYWOOD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME ARIAS, JACK
STREET ADDRESS 1201 S OCEAN DR #2006 S
CITY-ST-ZIP HOLLYWOOD FL

☐ Delete

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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

MARGUERITE ARIAS

3/15/01

Date

(954) 920-9530

Daytime Phone #

CR2E034 (10/00)