

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01030

1. Entity Name

AFFAIR INTERNATIONAL, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90081 049 ***150.00

Principal Place of Business

5445 COLLINS AVE
CU9
MIAMI BCH FL 33140
US

Mailing Address

5445 COLLINS AVE
CU9
MIAMI BCH FL 33140-2568
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

59-2614252

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

~~BOTANA, RAUL~~
8754 SW 8TH ST.
MIAMI FL 33174

Name GLORIA ESCOBAR

Street Address (P.O. Box Number is Not Acceptable)
5775 COLLINS AVENUE APT. 11D7

City MIAMI BEACH

FL

Zip Code 33140

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

Gloria Escobar

GLORIA ESCOBAR

4/2/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
FABIUS, DANIEL
2625 COLLINS AVE # 1810
MIAMI BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FABIUS, DANIEL
2625 COLLINS AVE # 1810
MIAMI BEACH FL ☐ Delete

TITLE
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☐ Change ☐ Addition

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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 member 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

Daniel Fabius (D)

Date

305-866-4922

Daytime Phone #

CR2E034 (9/99)