

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02491

1. Entity Name

807 CONNECTION, INC.

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90219 044 ***158.75

UUUJ0001



DO NOT WRITE IN THIS SPACE

Principal Place of Business 18520 NW 67TH AVE STE 275 MIAMI FL 33015	Mailing Address 18520 NW 67TH AVE STE 275 MIAMI FL 33015
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2. Principal Place of Business 17518 NW 62 Place	3. Mailing Address P.O. Box 5504
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, Florida	City & State Miami Lakes, Fl. 33014
Zip 33015	Country USA
Zip 33014	Country USA

4. FEI Number 65-1014490	APPLIED FOR	Applied For
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	Not Applicable

6. Name and Address of Current Registered Agent

ACOSTA, RAFAEL
18520 NW 67TH AVE
STE 275
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name
Lidia L. Ulloa

Street Address (P.O. Box Number is Not Acceptable)
17518 NW 62 Place

City
Miami

FL

Zip Code
33015

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 *Lidia L. Ulloa*

(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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ACOSTA, RAFAEL 18520 NW 67TH AVE STE 275 MIAMI FL 33015 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LIDIA L. ULLOA 17518 NW 62 Pl. Miami, Fl. 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lidia L. Ulloa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)