

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91207 035 ***150.00

DOCUMENT

1. Entity Name



M22314

DO NOT WRITE IN THIS SPACE

B0124514

2. Principal Place of Business

3312 NE 2nd Ave

3. Mailing Address

3312 NE 2nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33137

Country

USA

Zip

33137

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BEATRIZ HIJUELOS

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

2029 SW 2nd St #5

Miami FL 33135

City

FL 33135 Zip Code

**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.

SIGNATURE

Beatty Hyns

(BEATRIZ HIJUELOS)

5/30/02

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT
BEATRIZ HIJUELOS
2029 SW 2nd St #5
MIAMI FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
BEATRIZ HIJUELOS
2029 SW 2nd St #5
MIAMI FL 33135

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Beatty Hyns (BEATRIZ HIJUELOS)

305-573-3077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Secretary

CR2E034B (12/01)