

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M33499

1. Entity Name

SQUARE ONE ASSOCIATES, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90011 018 ***150.00

910233



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2 N.E. 40 STREET
#402
MIAMI FL 33137
US

Mailing Address

P.O. BOX 165539
MIAMI FL 33116-5539
US

2. Principal Place of Business

2780 S.W. 37 AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0040656

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

GROSSMAN, JEROME
2 N.E. 40 STREET (402)
MIAMI FL 33137

Name: GROSSMAN, JEROME

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

2780 S.W. 37 AVE. (SUITE 205)

City MIAMI

FL

Zip Code

33133

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

01/16/01

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	PDS	<input type="checkbox"/> Delete
NAME	GROSSMAN, JEROME	
STREET ADDRESS	2 N.E. 40 STREET (402)	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCARLETT, SASSINE	
STREET ADDRESS	2 N.E. 40 STREET (402)	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VIEUX, KAREEN	
STREET ADDRESS	2 N.E. 40 STREET (402)	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, JEROME	
STREET ADDRESS	2780 S.W. 37 AVE. (SUITE 205)	
CITY-ST-ZIP	MIAMI, FL. 33133	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSINE, SCARLETT	
STREET ADDRESS	2780 S.W. 37 AVE. (SUITE 205)	
CITY-ST-ZIP	MIAMI, FL. 33133	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIEUX, KAREEN	
STREET ADDRESS	2780 S.W. 37 AVE. (SUITE 205)	
CITY-ST-ZIP	MIAMI, FL. 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

01/16/01

Date

(205) 662-6772

Daytime Phone #

CR2E034 (10/00)