

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H 42508**

1. Entity Name

**D. D. 27<sup>th</sup> AVENUE, INC.**



FILED

03 NOV 17 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2740 NW 27 Ave**

Suite, Apt. #, etc.

3. Mailing Address

**2740 NW 27 Ave**

Suite, Apt. #, etc.

**REINSTATEMENT**

**03**

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number

**J9-2707205**

Applied For

Not Applicable

Zip

**33142**

Country

**US**

Zip

**33142**

Country

**US**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Domingo Dominguez**

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

**2740 NW 27 Ave**

City

**Miami**

**FL**

Zip Code

**33142**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Domingo Dominguez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when re-notating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PSD  
DOMINGO DOMINGUEZ  
2740 NW 27 AVE  
MIAMI, FL 33142**

TITLE  
NAME  
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**200024755702  
11/17/03--01016--024 \*\*\$600.00**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-7-03**

Date

Daytime Phone #

CR2E034B (12/02)

205


D.D. 27<sup>TH</sup> AVENIDA, INC.  
DOC. M42568

To Whom It May Concern:

As per your instructions I am sending this UBR form along with a check payable to the FL Dep of State to properly update the above mentioned corporation.

I also state that I never received any notice from your office regarding the UBR notice. Please take this letter as an excuse to waive any late fees and to properly update my corporation.

Cordially,

  
Domingo Dominguez  
President