

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90113 005 ***150.00

DOCUMENT # M89784

1. Entity Name
FILO CORPORATION

Principal Place of Business
~~7380 W. 20TH AVENUE #110~~
~~HIALEAH FL 33016~~

Mailing Address
~~7380 W. 20TH AVENUE #110~~
~~HIALEAH FL 33016~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
153 SW 204 AVE

3. Mailing Address

Suite, Apt. #, etc.
PEMBROKE PINES

Suite, Apt. #, etc.

City & State
FL

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip
33029

Country

Zip

Country

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

MOREJON, ISMAEL
1919 N.W. 45 STREET
SUITE 18
FT. LAUDERDALE FL 33308

Name

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

City

FL

Zip Code

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **SANTAMARIA, FELIPE**
STREET ADDRESS **7300 W. 20TH AVENUE #110**
CITY-ST-ZIP **HIALEAH FL 33016**

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

TITLE **MO** ☐ **Delete**
NAME **RESILLEZ, MARIA E**
STREET ADDRESS **153 S.W. 204TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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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 Maria E. Resillez (MARIA E. Resillez) 1/15/02 (954) 602 1326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01/03/02 AV

CR2E034 (9/01)