

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90315 043 *****61.25

0037289

DOCUMENT # N99000006447

1. Entity Name

WASHINGTON AVENUE MERCHANTS FIESTA, INC.

Principal Place of Business

**625 WASHINGTON AVE.
HOMESTEAD FL 33030**

Mailing Address

**P.O. BOX 900965
HOMESTEAD FL 33030**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0970582

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, ROY G
12725 S.W. 218 STREET
MIAMI FL 33170**

7. Name and Address of New Registered Agent

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PHILLIPS, ROY G**
STREET ADDRESS **12725 S.W. 218 STREET**
CITY-ST-ZIP **MIAMI FL 33170**TITLE **D** ☒ Delete
NAME **GUIETS, JAMIE**
STREET ADDRESS **2010 S.W. 76 CT.**
CITY-ST-ZIP **MIAMI FL 33155**TITLE **D** ☐ Delete
NAME **CORONADO, CONSUELO**
STREET ADDRESS **625 WASHINGTON AVE.**
CITY-ST-ZIP **HOMESTEAD FL 33030**TITLE **D** ☐ Delete
NAME **AGERO, CHARLES**
STREET ADDRESS **204 WASHINGTON AVE.**
CITY-ST-ZIP **HOMESTEAD FL 33030**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (10/00)