

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90268 024 \*\*\*150.00

**DOCUMENT # P00000033155**

1. Entity Name

**92ND STREET CORPORATION**

Principal Place of Business

**8240 S.W. 98TH STREET  
MIAMI FL 33156-2556**

Mailing Address

**8240 S.W. 98TH STREET  
MIAMI FL 33156-2556**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1000448**

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****PUENTE, ALEJANDRO A  
8240 S.W. 98TH STREET  
MIAMI FL 33156-2556**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		SECRETARY EUGENIO COSCULLUELA JR. 5500 SW 98 TERR CORAL GABLES, FL 33156	
		VICE-PRESIDENT JAMES C. HINDS 6381 SW 87 TERRACE MIAMI, FL 33143	
		VICE-PRESIDENT RICARDO PUENTE 2901 SOUTH BAYSHORE DRIVE #14-E COCONUT GROVE, FL 33133	

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

**ALEJANDRO Puente (Pres)**

Date

Daytime Phone #

**JANUARY 10, 2001 305-662-6840**

CR2E034 (10/00)