

2001 UNIFORM BUSINESS REPORT (UBR)

0039438 AV

DOCUMENT # P00000047272

1. Entity Name
32ND. AVE. EXXON, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT -3 PM 1:50

Principal Place of Business

1121 SW 32ND AVENUE
MIAMI FL 33135

Mailing Address

1121 SW 32ND AVENUE
MIAMI FL 33135

2. Principal Place of Business

1121 SW 32nd Ave

3. Mailing Address

1121 SW 32nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33135

Country

USA

Zip

33135

Country

USA

4. FEI Number

65-1020049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW
536 BILTMORE WAY
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Margarita Chaimowicz

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

1121 SW 107 COURT

City

Miami

FL

Zip Code

33176

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/01/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	CHAIMOWICZ, MARGARITA	
STREET ADDRESS	1121 SW 32ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAIMOWICZ, MARGARITA	
STREET ADDRESS	1121 SW 32ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33135	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000004639780--8
STREET ADDRESS	-10/17/01--01052--003
CITY-ST-ZIP	****250.00 ****250.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000004639780--8
STREET ADDRESS	-10/17/01--01052--004
CITY-ST-ZIP	****500.00 ****500.00
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

Date

Daytime Phone #

10/01/01 305 7746368

CR2E034 (5/01)