

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056074

1. Entity Name

2201 OFFICE WAREHOUSE CORPORATION

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90981 025 ***150.00

Principal Place of Business

901 PONCE DE LEON BLVD.
SUITE 304
CORAL GABELS FL 33134

Mailing Address

901 PONCE DE LEON BLVD.
SUITE 304
CORAL GABELS FL 33134

2. Principal Place of Business

2201 N.W. 102 Place

3. Mailing Address

2201 N.W. 102 Place

Suite, Apt. #, etc.

Unit 5

Suite, Apt. #, etc.

Unit 5

City & State

Miami, Florida

City & State

Miami, Florida

Zip

Country

33172

USA

Zip

Country

33172

USA

4. FEI Number

65-1016983

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

LOPEZ-CASTRO, AMADEO III, ESQ
901 PONCE DE LEON BLVD.
SUITE 304
CORAL GABELS FL 33134

Name

Manuel A. Leon

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

2201 N.W. 102 Place

Unit 5

City

Miami

FL

Zip Code
33172

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
Santiago Rousseau
2201 N.W. 102 Place, Unit 5
Miami, Florida 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D
Manuel A. Leon
2201 N.W. 102 Place, Unit 5
Miami, Florida 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CR2E034 (10/00)