

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060492

1. Entity Name
FOBMIAMI.COM, INC.

Principal Place of Business
635 EUCLID AVENUE #230
MIAMI BEACH FL 33139

Mailing Address
635 EUCLID AVENUE #230
MIAMI BEACH FL 33139

2. Principal Place of Business
710 WASHINGTON AVE
Suite, Apt. #, etc.
SUITE CUG

3. Mailing Address
710 WASHINGTON AVE
Suite, Apt. #, etc.
SUITE CUG

City & State
MIAMI BEACH
Zip
33139
Country
DADE

City & State
MIAMI BEACH
Zip
33139
Country
DADE

DO NOT WRITE IN THIS SPACE
04/28/01 90077005 9150

4. FEI Number
NOT APPLICABLE N/A
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

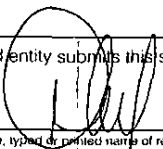
6. Name and Address of Current Registered Agent

SANZ, LYDIA ISABEL
635 EUCLID AVENUE #230
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
LYDIA SANZ
Street Address (P.O. Box Number is Not Acceptable)
710 WASHINGTON AVE UNIT CUG
City
MIAMI BEACH FL Zip
33139

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  7/3/2001
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
LYDIA SANZ
710 WASHINGTON AVE UNIT CUG
MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GENERAL MANAGER
GILBERT VALDESUSO
710 WASHINGTON AVE UNIT CUG
MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

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

7/3/2001 786-276-5831

Date Daytime Phone #

0169138

CRPF034 (10/00)