

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065350

1. Entity Name
BISCAYNE IMMIGRATION SERVICES INC.

Principal Place of Business
**561 NE 79TH STREET SUITE 209
MIAMI FL 33138**

Mailing Address
**561 NE 79TH STREET SUITE 209
MIAMI FL 33138**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-107883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSQUETE, MARIA
561 NE 79TH STREET SUITE 209
MIAMI FL 33138**

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

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 **PD** ☐ Delete
NAME **ROSQUETE, MARIA**
STREET ADDRESS **561 NE 79TH STREET SUITE 209**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *M. Rosquete*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/25/01

Date

Daytime Phone #

FILED
Aug 01, 2001 8:00 am
Secretary of State

06-29-2001 90003 041 ***150.00

10892



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment 10892

#P00000065350

07/15/01

To: Florida Department of State

Subject: Biscayne Immigration Services Inc.

In response to your letter dated June 30, 2001, with prior conversations with your department that we never received the first version of the 2001 Uniform Business Report you accepted that we forfeit the penalty and accept the original fee of \$150⁰⁰, please accept our apology if we caused any inconveniences, but we never received the report and is not fair for us to pay the penalty.

Sincerely yours


MARIA Rosette