

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

0219696 AV

DOCUMENT # P00000086896

1. Entity Name

FIFTEENTH STREET BOOKS, INC.

01-21-2002 90055 006 ***150.00

Principal Place of Business

**296 DRAGON AVE
 MIAMI FL 33140**

Mailing Address

**3550 BISCAYNE BLVD SUITE 610
 MIAMI FL 33140**



2. Principal Place of Business

3. Mailing Address

296 Dragon Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Coral Gables

City & State

City & State

Florida

Zip

Country

Zip

33134

Country

USA

4. FEI Number

65-1040866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MERLIN, JOSEPH B
 3550 BISCAYNE BLVD SUITE 610
 MIAMI FL 33140**

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, 2002 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

**DPST
 SER, JULIUS
 4606 PRAIRIE AVE
 MIAMI FL 33140** ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 305 975 0198
 Date Daytime Phone #

CR2E034 (9/01)