

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90026 026 ***150.00

DOCUMENT # P00000087311

1. Entity Name
SRX COLLECTION, INC.



Principal Place of Business
**3901 W 18TH AVENUE #903A
HIALEAH FL 33012**

Mailing Address
**3901 W 18TH AVENUE #903A
HIALEAH FL 33012**



2. Principal Place of Business

2110 NORTH FLAMINGO ROAD

3. Mailing Address

3901 W. 18 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

903 A

City & State

PEMBROKE PIDES, FL.

City & State

MIAMI, FL.

Zip

33028

Country

Zip

33012

Country

4. FEI Number

65-1046196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**OBRADOR, SUSY
3901 W 18TH AVENUE #903A
HIALEAH FL 33012**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete

NAME **OBRADOR, RMIRO**
STREET ADDRESS **3901 W 18TH AVENUE #903A**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D/P/S/T** ☐ Delete

NAME **OBRADOR, SUSY**
STREET ADDRESS **3901 W 18TH AVENUE #903A**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE REQUIRED

SUSY OBRADOR 01/03/2003 (305) 558-2212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)