

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90151 037 ***150.00

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DOCUMENT # P00000092405

1. Entity Name
777 BUSINESS CENTER, INC.



Principal Place of Business
**7238 NW 31ST STREET
MIAMI FL 33122**

Mailing Address
**P.O. BOX 52-2006
MIAMI FL 33152
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1046333**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CABALLERO, LISSETTE
145 E. FLAGLER ST., STE. A-4
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Nesio Amaya**
Street Address (P.O. Box Number is Not Acceptable) **7238 NW 31ST ST.**
City **Miami** FL Zip Code **33122**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4.25.03**

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 **P** ☐ Delete
NAME **AMAYA, NERIO**
STREET ADDRESS **145 E. FLAGLER ST., STE. A-4**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VP** ☐ Delete
NAME **AVNRI, MARLON**
STREET ADDRESS **145 E. FLAGLER ST., STE C-5**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **S** ☐ Delete
NAME **DOYLE, ALLAN**
STREET ADDRESS **175 FONTAINBLEAU BLVD., STE 1-B**
CITY-ST-ZIP **MIAMI FL 33172**

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 **President** ☒ Change ☐ Addition
NAME **Lissette caballero**
STREET ADDRESS **7238 NW 31 ST**
CITY-ST-ZIP **Miami, FL 33122**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Israel woble**
STREET ADDRESS **7238 NW 31 ST**
CITY-ST-ZIP **Miami, FL 33122**

TITLE **CEO** ☒ Change ☐ Addition
NAME **Nesio Amaya**
STREET ADDRESS **7238 NW 31 ST**
CITY-ST-ZIP **Miami, FL 33122**

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

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3.25.03**

DAYTIME PHONE # **305 5970610**

CR2E034 (10/02)