

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097658

1. Entity Name
2331 ADAMS STREET, CORP.

APPROVED
AND
FILED

03 MAR 12 AM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1215 N OCEAN DR
HOLLYWOOD FL 33019

Mailing Address
1215 N OCEAN DR
HOLLYWOOD FL 33019

2. Principal Place of Business

3. Mailing Address

782 NW Le Jeune Rd

Suite, Apt. #, etc.

Suite 434

City & State

Miami FL

Zip

33126

Country

FL

REINSTATEMENT 02-03

4. FEI Number 65-1056552

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

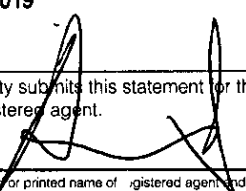
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINKELBERG, ROBERTO-DAVID
1215 N OCEAN DR
HOLLYWOOD FL 33019

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  (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	FINKELBERG, ROBERTO DAVID	
STREET ADDRESS	1215 N OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINKELBERG, ROMINA PAOLA	
STREET ADDRESS	1215 N OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTONIO SANTIAGO ALEJANDRO	
STREET ADDRESS	1215 N OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  RECORDED P Finkelberg 2/10/03 305-448-3323

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CR2E034 (4/02)