

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90099 026 ***150.00

DOCUMENT # **P00000112672**

1. Entity Name

FLORIDA PIVERS GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14665 SW 46 STREET

Suite, Apt. #, etc.

3. Mailing Address

14665 S.W. 46 STREET

Suite, Apt. #, etc.

City & State

MIAMI-FL

City & State

MIAMI-FL

Zip

33175

Country

U.S.A.

Zip

33175

Country

U.S.A.

4. FEI Number

65-1060699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ANTONIO JANERO

Street Address (P.O. Box Number is Not Acceptable)

14665 SW 46 STREET

City

MIAMI

FL

Zip Code

33175

**DO NOT WRITE
IN THIS SPACE**

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 filed 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P/S
ANTONIO JANERO
14665 S.W. 46 STREET
MIAMI FL 33175**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other information entered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO JANERO 4-22-02

Date

Daytime Phone #

CR2E034B (12/01)