2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100003595 1. Entity Name 919 PROPERTY, INC.					Secretary of State 03-24-2002 90006 048 ***150.00			
Principal Place 2241 SW 98T MIAMI FL 331		Mailing Address 2241 SW 98TH CT MIAMI FL 33165			E TODOLOGO DEL DESIGNO ESTEN DOSSI ODDIK ER	IXI BRANK 1818B 1850 BOXE	16181 BIN 1881	
	Place of Business OI SW 78 St. #, etc.	3. Mailing Address 9401 SW Suite, Apt. #, etc.	78 ST,		DO NOT WRITE IN			
City & Stat		City & State	FL	4. f	El Number 65- 10817	744 A	oplied For ot Applicable]
331	H3 Country	33143	Country			\$8.75 Ade		
	6. Name and Address of Current Re	egistered Agent	Name	7. 1	Name and Address of New Regis	tered Agent		<u> </u>
ROBERTS 2241 SW MIAMI FL				ROBER Idress (P.O. E 840	Sox Number is Not Acceptable) Sw 78 S1	,	***	
MIĞMITE	30100		City	MIAM		FL Zip Coo	1910	
g'The above	mamma/entity submits this stafement for the	no ourness of phanging its re					7.3	}
SIGNATURE	And A Signature, typed or printed name of registered agent and	AM NI	OIA P. A legislered Agent signatu	ROBER	750N 3-	11-02 DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable				50.00	10. Election Campaign Financi Trust Fund Contribution.	~ _ +0.0	00 May Be d to Fees	
11.	OFFICERS AND DI		12.	AD	DITIONS/CHANGES TO OFFICER			Ĺ
NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, NIDIA P 2241 SW 98TH CT MIAMI FL 33165	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8401	SW 78 St mi . #6 . 33143	☐ Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	1117	1111 y 15 - 22 16	Change	☐ Addition	8
CITY-ST-ZIP			CITY-ST-ZIP				T Address	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated	certify that the information supplied with th on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address, with	ue and accurate and that my	signature shall ha	ave the same I	egal effect as if made under oath:	that I am an officer	or director	