

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90068 033 ***150.00

DOCUMENT # P01000007444

1. Entity Name
INVERSIONES A.F., INC.

Principal Place of Business
C/O DAVID J. HART, P.A.
100 N BISCAYNE BLVD. STE 2600
MIAMI FL 33132

Mailing Address
C/O DAVID J. HART, P.A.
100 N BISCAYNE BLVD. STE 2600
MIAMI FL 33132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C/O DAVID J. HART, P.A.
 Suite, Apt. #, etc.
21 S.E. 1 AVE 10 FLOOR

3. Mailing Address
C/O DAVID J. HART, P.A.
 Suite, Apt. #, etc.
21 SE 1 AVE 10 FLOOR

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1088834

Applied For
☐ **Not Applicable**

Zip
33131

Country
DADE

Zip
33131

Country
DADE

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

HART, DAVID J
C/O DAVID J. HART, P.A.
100 N BISCAYNE BLVD, STE 2600
MIAMI FL 33132

Name
DAVID J HART
Street Address (P.O. Box Number is Not Acceptable)
C/O DAVID J HART, P.A.
21 SE 1 AVE 10 FLOOR
City **MIAMI** **FL** **Zip Code** **33131**

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 *David J. Hart* **DAVID J. Hart** **03-12-02**
Signature, typed or printed name of registered agent and title if 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **FARESE, ANGELO M**
STREET ADDRESS **5331 CORAL VINE LN**
CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **FARESE, ANGELO M**
STREET ADDRESS **5331 CORAL VINE LN**
CITY-ST-ZIP **KISSIMMEE, FL 34758**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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: *David J. Hart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 **(305) 577 9977**
Date **Daytime Phone #**

CR2E034 (9/01)