

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90220 026 ***150.00

DOCUMENT # P01000010828

1. Entity Name
508, INC.



Principal Place of Business
**C/O ROTH, ROUSSO & BENJAMIN, P.A.
3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD FL 33021**

Mailing Address
**C/O ROTH, ROUSSO & BENJAMIN, P.A.
3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD FL 33021**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **47-0860416**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROTH, LEONARDO A ESQ.
C/O ROTH, ROUSSO & BENJAMIN, P.A.
3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD FL 33021**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

LEONARDO A. ROTH, Esq

4-21-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
PEREL, MARIO
3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD FL 33021** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D, P, VP, ST,
JOSE KAVANA
3440 HOLLYWOOD BLVD., STE 360
HOLLYWOOD, FL 33021** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
PEREL, MARIO
3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD FL 33021** ☒ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 or without power.

SIGNATURE:

SIGNATURE REQUIRED
JOSEPH KAVANA
MARIO PEREL

Date

Daytime Phone #

4/17/03

305-620-1851

CR2E034 (10/02)