**FILED**
**Jun 18, 2002 8:00 am**
**Secretary of State**
05-28-2002 91752 010 ***158.75

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000022245

1. Entity Name

1650 N. Miami Ave. Corp.

DO NOT WRITE IN THIS SPACE

[redacted]

35734

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number | Applied For |
|---|---|---|---|
| 221 20th Street<br>Suite, Apt. #, etc | 221 20th Street<br>Suite, Apt. #, etc | (65-1113451) | Not Applicable |
| City & State: Miami Beach, FL<br>ZIP: 33139 Country: USA | City & State: Miami Beach, FL<br>ZIP: 33139 Country: USA | 5. Certificate of Status Desired: X **$8.75** Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Andres Herrada

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

221 20th Street

City: Miami Beach FL Zip Code: 33139

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: Andres Herrada
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when changing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See Criteria on back) X

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: SD<br>NAME: Pedro Herrada<br>STREET ADDRESS: 221 20th St.<br>CITY-ST-ZIP: Miami Beach, Fl. 33139 | |
| TITLE: VD<br>NAME: Herman Friedberg<br>STREET ADDRESS: 221 20th St.<br>CITY-ST-ZIP: Miami Beach, Fl. 33139 | |
| TITLE: STD<br>NAME: Andres Herrada<br>STREET ADDRESS: 221 20th St.<br>CITY-ST-ZIP: Miami Beach, Fl. 33139 | DO NOT WRITE IN THIS SPACE |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | |

CR2E034B (12/01)

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 like empowered.

SIGNATURE: X Andres Herrada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #