

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040430

1. Entity Name
DADE STORAGE, INC.

FILED

02 APR 16 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2300 CORAL WAY
MIAMI FL 33145

Mailing Address

2300 CORAL WAY
MIAMI FL 33145

2. Principal Place of Business
2300 Coral Way

Suite, Apt. #, etc.
Suite # 200

City & State
Miami, Florida

Zip Country
33145 US

3. Mailing Address
2300 Coral Way

Suite, Apt. #, etc.

Suite # 200

City & State
Miami, Florida

Zip Country
33145 US



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1095820

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
MIAMI FL 33145

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

AMADA CANTERA LOPEZ, President

(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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME VILLA, RAY
STREET ADDRESS 3111 SW 117TH AVENUE
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE VPD
NAME ALBERTO, NILDA
STREET ADDRESS 5722 SW 30TH STREET
CITY-ST-ZIP MIAMI FL 33155 ☒ Delete

TITLE TD
NAME VALLE, SERGIO
STREET ADDRESS 19390 COLLINS AVE. APT. A812
CITY-ST-ZIP MIAMI BEACH FL 33160 ☐ Delete

TITLE SD
NAME MCKINNEY, CHARLES
STREET ADDRESS 1386 NW 71TH STREET
CITY-ST-ZIP MIAMI FL 33147 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100005308571--7
STREET ADDRESS -04/19/02--01064--006
CITY-ST-ZIP *****150.00 *****150.00

TITLE VPD
NAME VILLA JR, REINALDO J.
STREET ADDRESS 3111 SW 177 Avenue
CITY-ST-ZIP Miami, FL 33175 ☒ Change ☐ Addition

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

TITLE 1stAS/D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD
NAME VILLA SR, REINALDO A.
STREET ADDRESS 14955 S Biscayne River Dr
CITY-ST-ZIP Miami, FL 33168 ☐ Change ☒ Addition

TITLE 2nd AS/D
NAME HERNANDEZ, YOSBANY
STREET ADDRESS 617 SE 4th Place
CITY-ST-ZIP Hialeah, FL 33010 ☐ Change ☒ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)