## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 06, 2002 8:00 am Secretary of State P01000049451 DOCUMENT # 1. Entity Name **591 CORPORATION** 05-06-2002 90109 049 \*\*\*150.00 Principal Place of Business Mailing Address 591 SW 71 AVE 591 SW 71 AVE MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required.\_\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KANDO SUAREZ, JUAN C Street Address (P.O. Box Number is Not Acceptable) 591 SW 71 AVE MIAMI EL-33144 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 02 SIGNĂTURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DC ☐ Addition CR2E034 (9/01 ☐ Delete TITLE JUANJ - SUAREZ SUAREZ, JUAN J NAME 6461 SW 94 AVE. MIAMI, EL 33173 7135 SW 92 CT STREET ADDRESS STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIP CITY-ST-ZIP TITLE DP ☐ Delete TITLE ☐ Addition RICARDO E SUAREZ NAME SUAREZ, RICARDO E NAME 591 SW 71 AVE 591 SW 71 AVE STREET ADDRESS STREET ADDRESS MIAMI.FL 33144 CITY-ST-ZIP M.HML, FL 33144 CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE SUAREZ, JUAN E 591 SW XXAVE NAME NAME STREET ADDRESS STREET ADDRESS MIAMITEL 33144 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 people is true and accurate and that my signature shall have the same legal effect as i made under oath; that I am an officer or director of the corporation or the receiver at true execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. changed, or on an attachment w

SIGNATURE:

NTED NAME O AND TYPED SIGNING OFFICER OR DIRECTOR