

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90329 022 ***150.00

DOCUMENT # P01000050039

1. Entity Name

AFAR INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1080 Alton Road

Suite, Apt. #, etc.

3. Mailing Address

1150 N.W. 72nd Ave.

Suite, Apt. #, etc.

555

City & State

Miami Beach, Fl.

City & State

Miami, Fl.

Zip

33139

Country

USA

Zip

33126

Country

USA

4. FEI Number

65-1116451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Antonino Correa

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

1940 S. Bayshore Lane

City

Miami

FL

Zip Code

33133

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.

(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) ☐

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---------|------------------|-----------------------|-------|------|----------------|-------------|
| | P/T/S/D | Antonino Correa | 1940 S. Bayshore Lane | | | | |
| | | Miami, Fl. 33133 | | | | | |
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**DO NOT WRITE
IN THIS SPACE**

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 which is other like empowered.

SIGNATURE: 

Antonino Correa

3/7/02

305-994-7533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)