

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90154 021 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000052106			
1. Entity Name VOLAR OF MIAMI, INC.			
Principal Place of Business 825 S BAYSHORE DR #446 MIAMI FL 33131		Mailing Address 825 S BAYSHORE DR #446 MIAMI FL 33131	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 593726128	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DRIVE CLEARWATER FL 33761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, JAIRO G 825 S BAYSHORE DR #446 MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mercedes Gonzalez 6903 NW 50 St Miami FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)

Attachment PO1000052106
122287

VOLAR OF MIAMI
P.O.BOX 310002
MIAMI FL 33231
305-6401250

FLORIDA DEPARTMENT OF STATE
ATT: KATHERINE HARRIS.

To Whom It May Concern:

I LIKE TO LET YOU KNOW THA THIS IS MY
FIRST NOTICE OF UNIFORM BUSSINES REPORT
2002. AND I LIKE TO SENT YOU THE AMOUNT OF
\$ 150.
THANK YOU VERY MUCH FOR YOUR COOPERATION.

MY NEW ADRESS IS 6903 NW 50 ST MIAMI FL 33166.

THANK YOU.

ATT. MERCEDEZ GONZALEZ.

