

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000052110

1. Entity Name
A.F. MANAGEMENT OF SOUTH FLORIDA, INC.



FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90048 021 ***150.00

Principal Place of Business
8205 NW 157TH TERRACE
MIAMI LAKES FL 33016

Mailing Address
8205 NW 157TH TERRACE
MIAMI LAKES FL 33016



2. Principal Place of Business
10081 Pines Boulevard

3. Mailing Address
10081 Pines Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

Pembroke Pines FL

Pembroke Pines FL

Zip

Country

Zip

Country

33024

USA

33024

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1134105

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASTESI, RAUL JR
15600 NW 67TH AVENUE SUITE 308
MIAMI LAKES FL 33014

Address
Change →

Name

Raul Gastesi, Jr.

Street Address (PO Box Numbers Not Acceptable)

8105 NW 155 Street

City

Miami Lakes

FL

Zip Code

33016

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ALEX	
STREET ADDRESS	8205 NW 157TH TERRACE	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ALEX	
STREET ADDRESS	8205 NW 157TH TERRACE	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEX FERNANDEZ	
STREET ADDRESS	6320 HANCOCK ROAD	
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33330	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEX FERNANDEZ	
STREET ADDRESS	6320 HANCOCK ROAD	
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33330	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

ALEX FERNANDEZ

01/21/2003

(954) 885-1021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)