

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

DOCUMENT # **P01000052356**

1. Entity Name
By owner SERVICE CORPORATION

FILED
02 MAR -1 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6890 W. Flagler ST.
Suite, Apt. #, etc.
MIAMI FL
City & State
Zip **33144** Country **USA**

3. Mailing Address
6890 W. Flagler ST
Suite, Apt. #, etc.
MIAMI FL
City & State
Zip **33144** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
Not Applicable

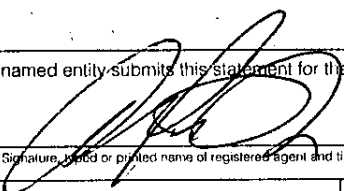
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ALBERTO LEY**
Street Address (P.O. Box Number is Not Acceptable)
6890 W. Flagler ST
City **MIAMI** FL Zip Code **33144**

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  (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	CHIEF EXECUTIVE OFFICER ALBERTO LEY 6890 W. Flagler ST MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700005073617--5 -03/08/02--01065--009 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT YVETTE LEY 6890 W. Flagler ST MIAMI FL 33144	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/28/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #