

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90121 030 ***150.00

DOCUMENT # P01000052356

1. Entity Name
BY OWNER SERVICE CORPORATION



Principal Place of Business
**6890 WEST FLAGLER STREET
MIAMI FL 33144**

Mailing Address
**6890 WEST FLAGLER STREET
MIAMI FL 33144**



2. Principal Place of Business
6866 WEST FLAGLER ST.

3. Mailing Address
6866 WEST FLAGLER ST

Suite, Apt. #, etc.
MIAMI FL 33144

Suite, Apt. #, etc.
MIAMI FL 33144

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1107031

Applied For
Not Applicable

Zip
33144

Country
Dade

Zip
33144

Country
Dade

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

**LEY, ALBERTO
6890 WEST FLAGLER STREET
MIAMI FL 33144**

Name **LEY ALBERTO**
Street Address (P.O. Box is Not Acceptable)
6866 W. FLAGLER STREET
MIAMI FL 33144
City **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. 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 **CEO** ☐ Delete
NAME **LEY, ALBERTO**
STREET ADDRESS **6890 WEST FLAGLER STREET**
CITY-ST-ZIP **MIAMI FL 33144** *E Change addm*

TITLE **CEO** ☒ Change ☐ Addition
NAME **LEY ALBERTO**
STREET ADDRESS **6866 W. FLAGLER ST**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **P** ☐ Delete
NAME **LEY, YVETTE**
STREET ADDRESS **6890 WEST FLAGLER STREET**
CITY-ST-ZIP **MIAMI FL 33144** *✓*

TITLE **P** ☒ Change ☐ Addition
NAME **Yvette Ley**
STREET ADDRESS **6866 W. FLAGLER ST**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ 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:

ALBERTO Ley 4/26/03 (305) 989-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)