

200 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90321 012 ***150.00

DOCUMENT # *P01000068859*

1. Entity Name

ABSOLU-PARIS, COAP.

Principal Place of Business

Mailing Address

*755 NW 72nd Ave.
 STE 19
 MIAMI, FL. 33126*

*755 NW 72nd Ave
 STE 19
 MIAMI, FL. 33126*

2. Principal Place of Business

755 NW 72nd Ave.

3. Mailing Address

755 NW 72nd Ave

Suite, Apt. #, etc.

STE 17

Suite, Apt. #, etc.

STE 17

City & State

MIAMI FL

City & State

MIAMI, FL

4. FEI Number

Applied FOR.

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

*DIAZ, CINDY
 755 NW 72nd Ave
 STE 19
 MIAMI, FL. 33126.*

Name

DIAZ, CINDY

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

755 NW 72nd Ave

STE 17

City

MIAMI, FL

FL

Zip Code *33126*

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

07-03-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *PVST*
 NAME *DIAZ, CINDY*
 STREET ADDRESS *755 NW 72nd Ave #19*
 CITY-ST-ZIP *MIAMI, FL. 33126.*

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy Diaz

Date

Daytime Phone #

*305-2621992
 07-03-02*

July 3, 2002

Attach mnt

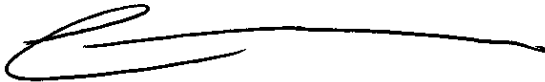
Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

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122340

To Whom It May Concern:

I recently spoke to a representative at your office in regards to my Annual Renovation fee. I am attaching a payment in the amount of \$150.00. The late fee has been waived because I never received my Uniform Business Report Renovation Forms.

Thank you for your help on this matter.



Cindy Diaz
Absolu-Paris, Corp.