

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90880 047 ***150.00

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DOCUMENT # P01000071487

1. Entity Name
 AZURE COLLINS CORP.

Principal Place of Business
 10295 COLLINS AVENUE APT 1027
 MIAMI BEACH FL 33154

Mailing Address
 10295 COLLINS AVENUE APT 1027
 MIAMI BEACH FL 33154



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1122574

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOTTE, EDUARDO
 10295 COLLINS AVENUE
 MIAMI BEACH FL 33154

Name

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

City

FL

Zip Code

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		DIRECTOR BOTTE, EDUARDO F. 10295 Collins Ave. # 1027 BAL HARBOUR, FL. 33154	
		DIRECTOR PALERMO, MIGUEL ANGEL 10295 Collins Ave. # 1027 BAL HARBOUR, FL. 33154	
		DIRECTOR SEISDEDOS, ENRIQUE 10295 Collins Ave. # 1027 BAL HARBOUR, FL. 33154	
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ 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

1/25/02

(305) 868-4377

Date

Daytime Phone #

CR2E034 (9/01)