

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

FILED

03 JUN -9 AM 7:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # Total Title of Islamorada

1. Entity Name

201 000071826

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

88055 O/S Hwy

3. Mailing Address

88055 O/S Hwy

Suite, Apt. #, etc.

Suite 7+8

Suite, Apt. #, etc.

Suite 7+8

City & State

Islamorada FL

City & State

Islamorada

Zip

33036

Country

USA

Zip

33036

Country

USA

4. FEI Number

65-1123197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Speigel 3 utera, P.A.

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

1840 Southwest 22 ST.  
4th Floor

City

Miami, FL

FL

Zip Code

33145

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) ☐

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

Prediscent  
Michel Valdes  
88055 O/S Hwy Islamorada  
FL 33036

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Vice-President  
Nadia S. Asencio  
88055 O/S Hwy  
Islamorada

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Vice President  
Norberto Awared  
88055 O/S Hwy

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Measureer  
Michel Valdes  
88055 O/S Hwy

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)