

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90053 042 ***150.00

DOCUMENT # P01000084947

1. Entity Name
I.N.J. BLOCK, INC.

Principal Place of Business
3445 S.W. 64TH AVENUE
MIAMI FL 33155

Mailing Address
3445 S.W. 64TH AVENUE
MIAMI FL 33155

910400



DO NOT WRITE IN THIS SPACE

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

65-1135865

Applied For

Not Applicable

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

SANCHEZ, INES
3445 S.W. 64TH AVENUE
MIAMI FL 33155

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
NAME **SANCHEZ, INES**
STREET ADDRESS **3445 S.W. 64TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **Pres** ☐ Change ☒ Addition
NAME **INES SANCHEZ**
STREET ADDRESS **3445 SW 64 AVE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☐ Delete
NAME **GONZALEZ, JOSE**
STREET ADDRESS **3445 S.W. 64TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **Secy - Pres** ☐ Change ☒ Addition
NAME **JOSE GONZALEZ**
STREET ADDRESS **3455 SW 64 AVE MIAMI FL 33155**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-70

Date

Signature Phone #

CR2E034 (4/02)

Attachment
Doc. # P 0100008497
8-7-02

State of Fla
Dept of State

976408

Doc P 0100008497

Gentlemen:

We received this form today.

We understand there is another

form we were supposed

to receive but never received

We will like for you to
waive the \$550 & accept the

filming fee of \$ 150 since
we never received the other form

Kindly correct your records.

This is our first report since
we opened the Corp 8-28-2001

Thank you

Lucas Sanchez

REG AGENT, Pres
INJ BLOCK INC