

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

FILED

02 JUN 28 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **FD.1000088699**

1. Entity Name

MILAM COMMERCE Business Center Inc**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7374 NW 72 AVE

Suite, Apt. #, etc.

3. Mailing Address

5000 NW 74 AV

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLA

City & State

MIAMI FL

4. FEI Number

SD 65-1142703

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **MANUEL LEDESMA**Street Address (P.O. Box Number is Not Acceptable) **PO BOX 689154****8955 SW 75 ST**City **MIAMI FLORIDA FL 33166****DO NOT WRITE
IN THIS SPACE**

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 reappointing)

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 \$81.25

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	MANUEL LEDESMA 8955 SW 75 ST MIAMI FL PRESIDENT	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	YOLANDA LEDESMA 8955 SW 75 ST MIAMI SEC TREASURER	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 person 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, with all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)