## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 22, 2002 8:00 am Secrétary of State DOCUMENT # P01000092679 1. Entity Name 04-29-2002 90021 022 \*\*\*150.00 IGGY'S CORVETTE HANGOUT, INC. 部門評例 加宁村 UKSTRU, ICHKUM JA. Principal Place of Business Mailing Address 5581 N.W. 79TH AVENUE 39132 5581 N.W. 79TH AVENUE MIAMI-FL 33166 **MIAMI FL 33166** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State . City & State 4. FEI Number Applied For 02-0613761 MIRMI MIAMI Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nacio CASTRO, IGNACIO JR. Address (P.O. Box Number is Not Acceptable) 19663 N.W. 62ND PL MIAMI FL 33015 Zip Code 8. The above named entity subn ner 📭 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 registe **SIGNATURE** nt and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE . . 9. This poration is eligible to FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elec-After September 13, 2002 Fee will be \$750,00 Trust Fund Contribution. - (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Addition NAME CASTRO, IGNACIO JR. NAME STREET ADDRESS 19663 N.W. 62ND PL STREET ADDRESS CR2E034 CITY-ST-ZIP MIAMI FL 33015 CITY-ST-ZIP TITLE ☐ Delete SD TITLE ☐ Change ☐ Addition NAME POZZO, SORAYA JR. NAME STREET ADDRESS 19663 N.W. 62ND PL STREET ADDRESS CITY-ST-7IP **MIAMI FL 33015** CITY-ST-7IP ☐ Delete VD. TITLE ☐ Change Addition NAME PAZOS, MANUEL A NAME STREET ADDRESS \*10875\*S.W.<del>\*\*</del>112TH AVE., APT. \*110\*\* - \*\* STREET ADDRESS CITY-ST-7IP MIAMI FL 33176 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of supplemental report is true and accuracy 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 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 ther like empowered.

Daytime Phone #

SIGNATURE:

## Attachment 39132 7/2/02

TO Whom IT MAY Concern,

I sent in my Application outins with \$150, But I had not Applied for a Fel Number I was not Awarel needed jet.

I CURRENTLY RECEIVED IT AND PUT IT
bothis form. O.I CAN NOT AFFORD
TO PAY Another \$550. I Am A
SMALL Business AND CURRENTLY
Struggling. Please help.

Hank 909.