

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91514 047 ***150.00

DOCUMENT # P01000104270 ✓

1. Entity Name
2211, CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3000 N.W. 109th. Ave. Suite, Apt. #, etc. Suite 204 City & State Miami, Florida Zip 33172		3. Mailing Address Suite, Apt. #, etc. City & State Country DADE, USA	
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4. FEI Number 65-0900920	Applied For <input type="checkbox"/> Not Applicable
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IN THIS SPACE**

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

7. Name and Address of Current Registered Agent

Name **JUAN CARLOS ESAIN**

Street Address (P.O. Box Number is Not Acceptable)
9891 N.W. 51 Terr.

City **Miami** **FL** Zip Code **33178**

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 JUAN C. ESAIN **04/03/2002**

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JUAN C. ESAIN 9891 N.W. 51 Terr Miami, Fl. 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 reports 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, with all of the above empowered.

SIGNATURE: JUAN CARLOS ESAIN **4/18/2002** **(86) 8459697**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)