

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90095 049 ***150.00

DOCUMENT # *P01000107073*

1. Entity Name

NE 6th Ave Enterprises Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14500 NE 6th Ave

3. Mailing Address

782 NW Le Jeune Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 434

DO NOT WRITE IN THIS SPACE

City & State

N Miami FL

City & State

Miami FL

Zip

Country

33161

Zip

Country

33126

4. FEI Number

65-1150971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Antonio R Lopez, CPA

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

782 NW Le Jeune Rd, Suite 434

City

Miami

FL

Zip Code

33126

**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 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 | <i>P Morris Esquenazi 19333 Collins Ave, # 2405 Sunny Isles, FL 33160</i> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>V Sara Esquenazi 19333 Collins Ave, # 2405 Sunny Isles, FL 33160</i> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
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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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/02

305-448-3323