

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

05-05-2002 90179 001 ***300.00
P01000113220

FILED

02 MAY -9 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113220

1. Entity Name

CANARY WAY, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2450 SW 137 AVE

Suite, Apt. #, etc.

Suite 234

City & State

Miami, FL

Zip

33175

Country

USA

3. Mailing Address

2450 SW 137 AVE

Suite, Apt. #, etc.

Suite 234

City & State

Miami, FL

Zip

33175

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0012153

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PETER M. LOPEZ, ESQ

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

2450 SW 137 AVE #234

City

Miami

FL

Zip Code

33175

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)

4/18/02
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

D. Pres & Sec.
Henry Vidal Hernandez Garcia
c/o 2450 SW 137 AVE #234
Miami, FL 33175

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D. Vice Pres & Tre.
RAQUEL SANTOS OLIVERO
c/o 2450 SW 137 AVE #234
Miami, FL 33175

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Asst. Sec.
Peter M. Lopez
c/o 2450 SW 137 AVE #234
Miami, FL 33175

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

**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)(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

4/18/02 (305) 553-8020
DATE Daytime Phone #

CR2E034B (12/01)