2002 UNIFORM BUSINESS REPORT (UBR)

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Mar 13, 2002 8:00 am P01000114113 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90140 044 ***150.00 OFFICE 163RD INTERNATIONAL, INC. Mailing Address Principal Place of Business C/O ROTH, ROUSSO & DARRACH, P.A. C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD. STE 360 3440 HOLLYWOOD BLVD, STE 360 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business NW BZND AVE 3533 3533 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-1157443 Not Applicable MAM Country USA -5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROTH, LEONARD A ESQ Street Address (P.O. Box Number is Not Acceptable) C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD, STE 360 Zip Code HOLLYWOOD FL 33021 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)Change Addition TITLE TITLE ☐ Delete NAME NAME 3533 NW 82th DUENUE RUBEN, ERNESTO CR2E034 STREET ADDRESS STREET ADDRESS 3440 HOLLYWOOD BLVD, STE 360 CITY-ST-7IP CITY-ST-ZIE HOLLYWOOD FL 33021 Addition TITLE ☐ Delete TITLE D۷ NAME NAME ARAUJO, ALEJANDRO STREET ADDRESS STREET ADDRESS 3440 HOLLYWOOD BLVD, STE 360 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Addition TITLE ☐ Delete TITLE DST NAME NAME SANNA, ANTONIO STREET ADDRESS STREET ADDRESS 3440 HOLLYWOOD BLVD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 Block 12 if changed, or on an attachment with an address, with all other like impowered.