

2002 UNIFORM BUSINESS REPORT (UBR)

02-27-2002 90060 003 ***150.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -14 AM 8:01

DOCUMENT # P01000117383

1. Entity Name

BY SELLER CORP

Principal Place of Business

7822 SW 99TH STREET
MIAMI FL 33156

Mailing Address

7822 SW 99TH STREET
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SABLON, MAYDA B
7822 SW 99TH STREET
MIAMI FL 33156

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MAYDA B. SABLON 7822 SW 99th ST. MIAMI, FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE:

SIGNATURE OF MAYDA SABLON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02

Date

Daytime Phone #

CPCE034 (9/01)

Cover Sheet

786-326-3495

305-788-3058

m_sablon@yahoo.com

1 OF 1 PAGE

ATTN: ANDY

REF: BY SELLER CORP

DEAR ANDY:

AS PER OUR CONVERSATION OF TODAY. PLEASE NOTE THAT I FILED THE INFORMATION REQUESTED IN MARCH 2002. FIND ENCLOSED THE INFORMATION THAT WAS REQUESTED FOR YOUR RECORDS.

OFFICERS: MAYDA B. SABLON, 7822 SW 99TH STREET, MIAMI, FL 33156
PH:305-279-2734, TITLE : PRESIDENT.

THANK YOU IN ADVANCE FOR YOUR ATTENTION IN THIS MATTER. IT WAS A PLEASURE TO SPEAK TO SOMEONE SO NICE.

REGARDS

MAYDA SABLON