

AMENDED ANNUAL REPORT

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

APPROVED
AND
FILED

02 DEC 23 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118600

1. Entity Name

Static, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

743 Washington Avenue

Suite, Apt. #, etc.

3. Mailing Address

743 Washington Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-1160022

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Louis J. Terminello, Esq.

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

Terminello & Terminello, P.A.

2700 S.W. 37th Avenue

City

Miami

FL

Zip Code
33133

**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 resigning)

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 Vice-President, Director
NAME Graham; Winston
STREET ADDRESS 743 Washington Avenue
CITY-ST-ZIP Miami Beach, FL 33139

TITLE Secretary, Director
NAME Lawrence, Terence
STREET ADDRESS 743 Washington Avenue
CITY-ST-ZIP Miami Beach, FL 33139

TITLE Treasurer, Director
NAME Atkinson, Richard
STREET ADDRESS 743 Washington Avenue
CITY-ST-ZIP Miami Beach, FL 33139

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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)(b), 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

Peter Thomas, Director

08/23/02

Date

(305) 674-1711

Daytime Phone #

CR2E034B (12/01)

Charter Number Only

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Terminello è Terminello

Requester's Name

2100 SW 37 Ave

Address

Miami, FL 33133

City

State

ZIP

Phone

CORPORATION(S) NAME

State, Inc.

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Reinstatement

☐ Reservation

☒ Other **UBR Amendment**
☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

RECEIVED
02 DEC 23
DIVISION OF CORPORATIONS
107



Empire Toll Free: 1-800-432-3028

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier