

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P020000033139**

1. Entity Name

Turnkey Developing Solutions Inc.

FILED

03 APR 24 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5010 SW 90 Ct
Suite, Apt. #, etc.

3. Mailing Address

same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
miami, FL 33165

City & State

4. FEI Number

41-2038025

Applied For

Not Applicable

Zip
33165 - Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Jorge Fernandez**

Street Address (P.O. Box Number is Not Acceptable)
5010 SW 90 Ct

City **miami**

FL

Zip Code
33165

**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 **Jorge Fernandez - President**
NAME
STREET ADDRESS **5010 SW 90 Ct**
CITY-ST-ZIP **miami, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **300016955323**

04/24/03 01039-013 **150.00

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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

Jorge Fernandez **04/01/03** **786-4800169**
Date Daytime Phone #

214/24