

FILED
May 20, 2003 8:00 am
Secretary of State

04-28-2003 91838 046 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000051925

1. Entity Name
FASS 24 ORGANIZATION WHOLESALE SUPPLY &
INVESTMENT COMPANY



Principal Place of Business
1031 IVES DAIRY RD
MIAMI, FL 33179

Mailing Address
1031 IVES DAIRY RD
MIAMI, FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

Zip

Country

Zip
33247

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0220593

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

FALUADE, JOE
1031 IVES DAIRY RD
MIAMI, FL 33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

I, signatory, hereby certify that the information supplied is true and correct.

(NOTE: Registered Agent Signature Required when Submitting)

DATE

FILE NOW WITH FEES \$350.00
FEE May 15, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	0	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FALUADE, JOE		NAME		
STREET ADDRESS	1031 IVES DAIRY RD		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33179		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(c), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Faluade Joe Faluade

(PRINT NAME AND TITLE OF PERSON SIGNING AS DIRECTOR)

Date

Current Phone #

55042298

