

2003

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90186 023 ***150.00

DOCUMENT # P02000064320

1. Entity Name

Successful Management of Florida, Inc.

DO NOT WRITE IN THIS SPACE**90058578**

2. Principal Place of Business

2125 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 550

City & State

Miami, FL

Zip

33137-5029

Country

USA

3. Mailing Address

2125 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 550

City & State

Miami, FL

Zip

33137-5029

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0478450

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Rivera, Emérida

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

2660 S.W. 37th Ave.

Apt. 503

City

Miami

FLZip Code
33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME

D/P/S/T

Salgado, Raúl

STREET ADDRESS

2125 Biscayne Blvd., Apt. 550

CITY - ST - ZIP

Miami, FL 33137-5029

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAMESTREET ADDRESS
CITY - ST - ZIPTITLE
NAMESTREET ADDRESS
CITY - ST - ZIPTITLE
NAMESTREET ADDRESS
CITY - ST - ZIPTITLE
NAMESTREET ADDRESS
CITY - ST - ZIPTITLE
NAMESTREET ADDRESS
CITY - ST - ZIPTITLE
NAMESTREET ADDRESS
CITY - ST - ZIPTITLE
NAMESTREET ADDRESS
CITY - ST - ZIPTITLE
NAMESTREET ADDRESS
CITY - ST - ZIPTITLE
NAMESTREET ADDRESS
CITY - ST - ZIPTITLE
NAMESTREET ADDRESS
CITY - ST - ZIP**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

Raúl Salgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-571-1933

Daytime Phone #