

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90258 022 ***150.00

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DOCUMENT # P02000076163

1. Entity Name
COMERCIAL FLORIDA 22 INC.



Principal Place of Business
**9810 NW 80 AVE BAY 8 S
MIAMI FL 33016**

Mailing Address
**9810 NW 80 AVE BAY 8 S
MIAMI FL 33016**



2. Principal Place of Business

**1225 S. KIRKMAN RD
Suite, Apt. #, etc.
APT 2139**

3. Mailing Address

**1225 S. KIRKMAN RD
Suite, Apt. #, etc.
APT. 2139**

☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando Florida

City & State
Orlando Florida

4. FEI Number
05-0521905

Applied For
Not Applicable

Zip
32811

Country
U.S.A.

Zip
32811

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEE, XIOMARA
2380 SW 80 CT
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name
Hugo SALINAS

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

1225 S. KIRKMAN RD APT-2139

City
Orlando

FL

Zip Code
32811

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

2/24/03

FILE NOW!!! FEE IS \$150.00
After May 1, 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

TITLE **P** ☐ Delete
NAME **SALINAS, HUGO**
STREET ADDRESS **9810 NW 80 AVE BAY 8 S**
CITY-ST-ZIP **MIAMI FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.** ☒ Change ☐ Addition
NAME **Hugo SALINAS**
STREET ADDRESS **1225 S. KIRKMAN RD APT. 2139**
CITY-ST-ZIP **Orlando FL 32811**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

Date

407.822-7731

Daytime Phone #

CR2E034 (10/02)