

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0041052 AV

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

REINSTATEMENT 03-04



CHECK HERE IF MAKING CHANGES *MRS*

DOCUMENT # **P02000104179**



1. Entity Name
3650 STEWART CORP

Principal Place of Business
**4196 DOUGLAS ROAD
COCONUT GROVE FL 33133**

Mailing Address
**4196 DOUGLAS ROAD
COCONUT GROVE FL 33133**

2. Principal Place of Business
3650 Stewart Ave

3. Mailing Address
3650 Stewart Ave

City & State
Miami, FL

City & State
Miami, FL

Zip
33133

Country
USA

Zip
33133

Country
USA

4. FEI Number
33-1059842

Applied For
 - Not Applicable

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

6. Name and Address of Current Registered Agent

KUKER, HOWARD L
9200 SO. DADELAND BLVD SUITE 508
MIAMI FL 33156

7. Name and Address of New Registered Agent

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 *Howard L Kuker* DATE 4-28-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 11.03	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELICIANO, HERBERT 4196 DOUGLAS ROAD COCONUT GROVE FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3650 STEWART AVE Miami, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTRERAS, IVETTE 4196 DOUGLAS ROAD COCONUT GROVE FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3650 STEWART AVE Miami, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100036457781 05/14/04--01027--024 **908.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ivette Contreras* **REQUIRED** **Ivette Contreras** 4/10/04 786-268-4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)