

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

03-24-2003 90216 042 ***150.00

DOCUMENT # P02000105802

1. Entity Name
UNIDAD COSMIATRICA MIRNABY, CORP.



Principal Place of Business: 250-181 ST. DR. SUNNY ISLES NORTH
MIAMI FL 33160

Mailing Address: 250-181 ST. DR. SUNNY ISLES NORTH
MIAMI FL 33160



2. Principal Place of Business
250-181 ST DR Sunny
Suite, Apt. #, etc.
Isles north-Unit 115

3. Mailing Address
250-181 ST DR Sunny
Suite, Apt. #, etc.
Isles north-Unit 115

City & State
Miami Florida

Zip
33160

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FBI Number **71-0908132** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SEQUIAS, ABUD
250-181 ST. DR. SUNNY ISLES NORTH
MIAMI FL 33160

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SEQUIAS, ABUD 250-181 ST. DR. SUNNY ISLES NORTH MIAMI FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, MIRYAM 250-181 ST. DR. SUNNY ISLES NORTH MIAMI FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Sequias, Abud** **3-21-2003 (305) 932-1477**

Signature and typed or printed name of signing officer or director Date Telephone #

CR2E034 (10/02)