

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000000565

1. Entity Name

9501 PROPERTIES, INC.



FILED

05 JUL 25 PM 1:01

SECRETARY OF STATE



Principal Place of Business
1665 WASHINGTON AVE
MIAMI FL 33139

Mailing Address
1665 WASHINGTON AVE
MIAMI FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

404 FL.

Suite, Apt. #, etc.

404 FL.

City & State

City & State

MIAMI BEACH, FL.

Zip

Country

33139

Country

USA

4. FEI Number

20-0765973

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIMENT, NORMAN
1665 WASHINGTON AVE
MIAMI FL 33139

404 FL.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GRENALD, BENJAMIN
1800 NE 114 ST
MIAMI FL 33161 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
CIMENT, NORMAN
1665 WASHINGTON AVE
MIAMI FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300058198803
08/03/05--01050--008 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Norman Ciment, Esq. P.A.

ATTORNEY AT LAW

1665 WASHINGTON AVE.

3rd FLOOR

MIAMI BEACH, FLORIDA 33139

TEL (305) 538 - 0968

FAX (305) 532 - 6101

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

July 13, 2005

To Whom It May Concern,

Please be advised that we never received notices or post cards before the May 1, 2005 renewal deadline.

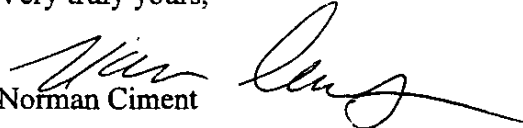
Would you please waive the late fees.

We did receive notice of intent to cancel, just the other day, but never received renewal notices for any of our Corporations. For this, we have no explanation.

Could you please review that all our Corporation Forms, and notices are sent to Norman Ciment, 1665 Washington Ave. 4th fl., Miami Beach Fl. 33139.

Thanking you, I am

Very truly yours,


Norman Ciment