2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P92000003872

1. Entity Name

1424 COLLINS, INC.



FILED May 21, 2003 8:00 am Secretary of State 05-21-2003 90187 027 ***150.00

Principal Place of Business 6675 WINDSOR LANE LA GORCE ISLAND MIAMI BEACH FL 33141 US			Mailing Address 6675 WINDSOR LANE LA GORCE ISLAND MIAMI BEACH FL 33141 US									
2. Principal Place of Business			5. Maining Address					,				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 65-0375				Applied For Not Applicable		
	Country	Zip		5. Certii				F.	ee Require			
6. Name and Address of Current Registered Agent												
	°€ ··••	<u>,</u> .			Street Address (P.O. Box Number is Not Acceptable)							
						·						
ACH FL 331				City	and the second s			FL	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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Final Trust Fund Contribution.	ncing		0 May Be	
							ADI	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR	S IN 11	
TITLE DPST Delete NAME GLASER, CLAUDIA STREET ADDRESS 6675 WINDSOR LANE, LA GORCE ISLAND					E ET ADDRESS	·					☐ Addition	
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and the second second			☐ Delete	NAME STRE	E ET ADDRESS	- -	-	مند الله الله الموجود		Change	. Addition	
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	A LANE AND FL 33141 Place of Busin #, etc. e 6. Name CLAUDIA DSOR LANE E ISLAND ACH FL 331 named entity ions of regist Signature, typed ILE NOW!! r May 1, 200 c Payable to DPST GLASER, (6675 WIND MIAMI BEA	Country 6. Name and Address of Current CLAUDIA DSOR LANE E ISLAND ACH FL 33141 named entity submits this statement filions of registered agent. Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 (Payable to Florida Department of CASER, CLAUDIA 6675 WINDSOR LANE, LA GORC MIAMI BEACH FL 33141	ALANE AND LA GE FL 33141 MIAM US Place of Business #, etc. Country Country Country CLAUDIA DSOR LANE E ISLAND ACH FL 33141 marned entity submits this statement for the purplions of registered agent. Signature typed or printed name of registered agent and title if applications of registered agent. Signature typed or printed name of registered agent and title if applications of registered agent. OFFICERS AND DIRECTO DPST GLASER, CLAUDIA 6675 WINDSOR LANE, LA GORCE ISLANI MIAMI BEACH FL 33141	AND LA GORCE ISLAND MIAMI BEACH FL 33141 US lace of Business #, etc. Suite, Apt. #, etc. e Country Zip 6. Name and Address of Current Registered Agent CLAUDIA DSOR LANE E ISLAND ACH FL 33141 named entity submits this statement for the purpose of changing its ions of registered agent. (NOTE ILE NOW!!! FEE IS \$150.00 If May 1, 2003 Fee will be \$550.00 If Payable to Florida Department of State OFFICERS AND DIRECTORS DPST GLASER, CLAUDIA 6675 WINDSOR LANE, LA GORCE ISLAND MIAMI BEACH FL 33141 Delete Delete	AND AND AND AGRIC ISLAND MIAMI BEACH FL 33141 US Place of Business #, etc. City & State	AND AND FL 33141 Bace of Business 3. Mailing Address #, etc. 9. City & State Country Zip	R LANE AND LA GORCE ISLAND HIAMI BEACH FL 33141 US lace of Business 3. Mailing Address #, etc. Country Zip Country Country E. Name and Address of Current Registered Agent Name CLAUDIA DSOR LANE E ISLAND CCH FL 33141 City named entity submits this statement for the purpose of changing its registered office or registered close of registered agent. (NOTE: Registered Agent signature required with the purpose of changing its registered office or registered close of registered agent. Signature, typed or printed name of registered agent and their applicable. (NOTE: Registered Agent signature required with the purpose of changing its registered office or registered close of registered agent. (NOTE: Registered Agent signature required with the purpose of changing its registered office or registered close of registered agent. (NOTE: Registered Agent signature required with the purpose of changing its registered office or registered office or registered agent. (NOTE: Registered Agent signature required with the purpose of changing its registered office or registered office or registered agent. (NOTE: Registered Agent signature required with the purpose of changing its registered office or registered off	R LANE AND LA GORCE ISLAND FL 33141 MIAMI BEACH FL 33141 US 1ace of Business 3. Mailing Address #, etc. Country Zip Country Size Country Zip Country Tip Country City City City City City Country City City Country City Country City City Country City Country City Country Country Country Country City Country Country Country Country Country City Country Country Country Country Country Country Country City City City City City City City Cit	R LANE 6675 WINDSOR LANE LA GORCE ISLAND FL 33141 LA GORCE ISLAND MIAMI BEACH FL 33141 US 3. Molling Address #, etc. Suite, Apt. #, etc. Check HERE IF Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Reg. DAUDIA SOR LANE ESLAND City City	RAME AMD LA GORCE ISLAND MIAMI BEACH FL 33141 US Iace of Business 3. Mailing Address	RAND AND LA GORGE SIAND MANU BEACH FL 33141 US Since of Business 3. Melling Address #. dic. Suite, Apt. #. etc. Check Here if Maxing CHANCES G City & State Country Country Zip Country Zip Country Since of Status Desired Country Stock Address of Current Registered Agent Name AND AND AND COUNTRY Stock Address of Status Desired Stock Address of New Registered Agent T. Name and Address of New Registered Agent City Stock Address (P.O. Box Number is Not Acceptable) City FL ZALDIA Stock Address (P.O. Box Number is Not Acceptable) City FL ZALDIA City FL Zip Cod The City The Ci	

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.