

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
 02-26-2002 90137 040 ***150.00

DOCUMENT # P92000014948

1. Entity Name
SCHOENING & ASSOCIATES, INC.

Principal Place of Business
12244 SW 130 ST
MIAMI FL 33186

Mailing Address
12244 SW 130 ST
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOENING, RICARDO M.
10621 N. KENDALL DR., #215
MIAMI FL 33176

Name
SCHOENING, RICARDO M.
 Street Address (P.O. Box Number is Not Acceptable)
12244 SW 130 ST
 City
MIAMI FL Zip Code
33186

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SCHOENING, RICARDO**
 CITY-ST-ZIP **10621 N KENDALL DR #215**
MIAMI FL 33176

TITLE ☒ Change ☐ Addition
 NAME **SCHOENING, RICARDO**
 STREET ADDRESS **12244 SW 130 ST**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SCHOENING, ELIZABETH**
 CITY-ST-ZIP **10621 N KENDALL DR #215**
MIAMI FL 33176

TITLE ☒ Change ☐ Addition
 NAME **SCHOENING, ELIZABETH**
 STREET ADDRESS **1244 SW 130 ST**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

13. 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 11 or Block 12 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

Feb. 6 2002 305 969 4545

Date Daytime Phone #

CP2E034 (9/01)