2002 UNIFORM BUSINESS REPORT (UBR)

Jul 09, 2002 8:00 am Secretary of State P93000069325 DOCUMENT # 1. Entity Name 07-09-2002 90020 023 ***158.75 FINA WEST 49TH STREET, INC. Principal Place of Business Mailing Address * * 9 1 1 0 1365 WEST 49TH STREET 2990 N.W. 24TH STREET HIALEAH FL 33012 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0442903 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. .. ROZENCWAIG, LESLIE ALAN Street Address (P.O. Box Number is Not Acceptable) ONE SOUTHEAST THIRD AVENUE., #960 SUNTRUST INTERNATIONAL CENTRE MIAMI FL 33131 City 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, 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME SANCHEZ, RODOLFO NAME STREET ADDRESS STREET ADDRESS 1365 WEST 49TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 TITLE ☐ Delete TITLE ☐ Change Addition SD NAME NAME FERNANDEZ, SONIA STREET ADDRESS STREET ADDRESS 3601 WEST 12TH AVENUE CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TITLE Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 attachmer my my harm address, with all other like empowered.

SIGNATURE:

FILED

attacknest # P93000069325

FINA WEST 49TH STREET, INC. 2990 NW 24TH STREET MIAMI, FL. 33142

JULY 5, 2002

Re: # P93000069325

Fina West 49th Street, Inc.

Dear Sir or Madam,

Enclosed you will find a check for \$158.75 to pay for the 2002 UBR Annual Report as per your instructions in our telephone conversation on July 5, 2002. In said conversation, we explained that we had not received the previous mailing for the 2002 UBR, and were instructed by you to simply send payment with the latest forms.

Sincerely,

Orestes Flores

President