

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90102 043 ***158.75

DOCUMENT # **P94000014760**

1. Entity Name
LO MEJOR EN EQUIPOS DE MIAMI, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 S.W. 1ST STREET

3. Mailing Address

1800 S.W. 1ST STREET

Suite, Apt. #, etc.

308

Suite, Apt. #, etc.

308

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0469818

Applied For

Not Applicable

Zip

USA

Zip

33135

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FERNANDO NIETO

Street Address (P.O. Box Number is Not Acceptable)

1800 S.W. 1ST STREET

SUITE 308

City

MIAMI,

FL

Zip Code

33135

**DO NOT WRITE
IN THIS SPACE**

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

Fernando Nieto

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **DPVST**
NAME **FERNANDO NIETO**
STREET ADDRESS **1800 S.W. 1ST, SUITE 308**
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Fernando Nieto 4/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 643 3500

CR2E034B (12/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014760

1. Entity Name

LO MEJOR EN EQUIPOS DE MIAMI, INC.

Principal Place of Business

1800 SW 1 STREET
SUITE #308
HIALEAH FL 33012
US

Mailing Address

256 NW 42 AVE
MIAMI FL 33126
US

2. Principal Place of Business

1800 SW 1 street

3. Mailing Address

1800 SW 1 street

Suite, Apt. #, etc.

308

Suite, Apt. #, etc.

308

City & State

Miami, FL

City & State

Miami, FL

Zip

33135

Country

USA

Zip

33135

Country

USA

5. Name and Address of Current Registered Agent

PARRA, VIOLET
1800 SW 1STREET SUITE #308
~~217~~
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name: Fernando Nieto
Street Address (P.O. Box Number is Not Acceptable): 1800 SW 1st street
Suite 308
City: Miami
Zip Code: 33135

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: *[Signature]*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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 NAME STREET ADDRESS CITY - ST - ZIP	PVST PARRA, VIOLET 1800 SW 1STREET SUITE #308 MIAMI FL 33135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVST Fernando Nieto 1800 SW 1st, Suite 308 MIAMI, FL 33135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARRA, VIOLET 1800 SW 1STREET SUITE #308 MIAMI FL 33135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 305-643-7507

ATTACHMENT

644356



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0145380

CR2E034 (10/00)