

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90306 002 ***150.00

DOCUMENT # P95000064247

1. Entity Name

THANOS CORPORATION

Principal Place of Business

7450 MIAMI LAKE DR.
 APT. C210
 MIAMI FL 33014

Mailing Address

7450 MIAMI LAKE DR.
 APT. C210
 MIAMI FL 33014

2. Principal Place of Business

3851 SW - 149 PLACE

3. Mailing Address

3851 SW - 149 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33185

Country

USA

Zip

33185

Country

USA

4. FEI Number

65-0689147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DE ZAYAS, HUMBERTO A
 7450 MIAMI LAKE DR.
 APT. C-210
 MIAMI FL 33014

7. Name and Address of New Registered Agent

Name

HUMBERTO A. DE ZAYAS

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

3851 SW - 149 PLACE

City

MIAMI, FL

FL

Zip Code

33185

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] HUMBERTO A. DE ZAYAS

4/19/2001

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

(NOTE: Registered Agent's 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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE ZAYAS, HUMBERTO A	
STREET ADDRESS	7450 MIAMI LAKE DR. APT. C-210	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ALONSO, NANCY S	
STREET ADDRESS	7450 MIAMI LAKE DR. APT. C-210	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ZAYAS, HUMBERTO A.	
STREET ADDRESS	3851 SW - 149 PLACE -	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	VTD -	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO, NANCY S	
STREET ADDRESS	3851 SW - 149 PLACE	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] HUMBERTO A. DE ZAYAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2001 - 305-554-7730

Date

Daytime Phone #

0095513

CR2E034 (10/00)