

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90126 010 ***150.00

DOCUMENT # P96000011041

1. Entity Name
JOSE M. REQUEJO CORP.



Principal Place of Business
**10253 S.W. 28TH STREET
MIAMI FL 33165**

Mailing Address
**10253 S.W. 28TH STREET
MIAMI FL 33165**



2. Principal Place of Business
4124 SW 91CT

3. Mailing Address
4124 S.W. 91CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL 33165

4. FEI Number
65-0638364

Applied For
☐ Not Applicable

Zip
33165 Country
USA

Zip
33165 Country
USA

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

6. Name and Address of Current Registered Agent

**REQUEJO, JOSE M
10253 SW 28TH ST.
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name
JOSE M. REQUEJO

Street Address (P.O. Box Number is Not Acceptable)
4124 S.W. 91CT

10253 S.W. 28TH ST

City
MIAMI

FL **33165**

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)

3-3-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
PSD ☐ Delete
NAME
REQUEJO, JOSE M
STREET ADDRESS
10253 SW 28TH ST
CITY-ST-ZIP
MIAMI FL 33165

TITLE
91CT SW 4124 ☐ Delete
NAME
MIAMI FL
STREET ADDRESS
MIAMI FL
CITY-ST-ZIP
MIAMI FL

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PSD ☒ Change ☐ Addition
NAME
REQUEJO, JOSE M.
STREET ADDRESS
4124 SW 91CT
CITY-ST-ZIP
MIAMI FLA.

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

12. 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 ke empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE M. REQUEJO 3-3-03 705-609-4208

Date

Daytime Phone #

CR2E034 (10/02)