

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2001 08:00 AM  
Secretary of State

DOCUMENT # P96000020785

1. Entity Name  
THE BUSINESS SUCCESS GROUP, INC.

Principal Place of Business  
2150 CORAL WAY  
STE 7-B  
MIAMI  
33145  
US  
FL

Mailing Address  
2150 CORAL WAY  
STE 7-B  
MIAMI  
33145  
US  
FL

2. Principal Place of Business  
2150 CORAL WAY

3. Mailing Address  
2150 CORAL WAY

Suite, Apt. #, etc.  
FIRST FLOOR

Suite, Apt. #, etc.  
FIRST FLOOR

City & State  
MIAMI  
FL

City & State  
MIAMI  
FL

Zip  
33145  
Country  
US

Zip  
33145  
Country  
US

4. FEI Number  
65-0646166

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

AGUIRRE OLGA M.  
2150 CORAL WAY  
STE 7-B  
MIAMI  
33145  
US  
FL

## 7. Name and Address of New Registered Agent

Name  
AGUIRRE OLGA M.  
Street Address (P.O. Box Number is Not Acceptable)  
2150 CORAL WAY  
FIRST FLOOR  
City  
MIAMI  
FL  
Zip Code  
33145

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 04/29/2001  
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, 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	D	<input type="checkbox"/> Delete
NAME	AGUIRRE OLGA M.	
STREET ADDRESS	498 S.W. 29TH RD.	
CITY-ST-ZIP	MIAMI FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AGUIRRE OLGA M.		
STREET ADDRESS	498 S.W. 29TH RD.		
CITY-ST-ZIP	MIAMI FL 33129		
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			
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: OLGA M. AGUIRRE

PRES 04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)