

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90002 012 ***550.00

DOCUMENT # P96000041767

1. Entity Name

IMPROV MAYFAIR, INC.

Principal Place of Business

Mailing Address

1399 S.W. FIRST AVE.
 SUITE 400
 MIAMI FL 33130

1399 S.W. FIRST AVE.
 SUITE 400
 MIAMI FL 33130

A0075588

2. Principal Place of Business

3. Mailing Address

3390 Mary Street

3390 Mary Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Streets of Mayfair 356

Streets of Mayfair 356

City & State

City & State

Miami FL

Miami FL

Zip

Zip

33133

33133

Country

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0681812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, LEWIS R
1399 S.W. FIRST AVEJUE
SUITE 400
MIAMI FL 33130

Name

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

City

FL

Zip Code

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, 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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D PEREZ, ALFREDO**
 STREET ADDRESS **3390 MARY ST. STREETS OF MAYFAIR 356**
 CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-01

305-371-8177

Date

Daytime Phone #

CR2E034 (10/00)