

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90015 002 ***150.00

DOCUMENT # P96000054320

1. Entity Name

TORRES AGENCY INC.

Principal Place of Business

8174 NW 103RD ST.
 HIALEAH GARDENS FL 33016
 US

Mailing Address

8174 NW 103 ST
 HIALEAH GARDENS FL 33016
 US

2. Principal Place of Business

8750 NW 36 ST

3. Mailing Address

8750 NW 36 ST

Suite, Apt. #, etc.

240

Suite, Apt. #, etc.

240

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33178

Country

U.S.A.

Zip

33178

Country

U.S.A.

4. FEI Number

65-0677258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, JAVIER A
8174 NW 103 ST
HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent

Name **TORRES, JAVIER A.**
 Street Address (P.O. Box Number is Not Acceptable)
8750 NW 36 ST SUITE 240
 City **MIAMI** FL Zip Code **33178**

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 reinstalling)

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, 2002 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 ☐ Delete
 NAME **P TORRES, JAVIER A.**
 STREET ADDRESS **5041 NW 93 DORAL CIRCLE E**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

Javier A. Torres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/2002 305-322-5664

CR2E034 (9/01)