

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90153 023 ***150.00

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DOCUMENT # P97000005561

1. Entity Name
4601-A, INC.

Principal Place of Business 4601 NW 199TH ST MIAMI FL 33055 US	Mailing Address 4601 NW 199TH ST MIAMI FL 33055 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0721110**

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

**BORROTO, ANIBAL
 2471 SW 102 AVE
 MIRAMAR FL 33025**

7. Name and Address of New Registered Agent

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 _____ (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

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TITLE	NAME	TITLE	NAME
PTD Delete <input type="checkbox"/>	BORROTO, ANIBAL 2471 SW 102 AVE MIRAMAR FL 33025	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VSD Delete <input type="checkbox"/>	FERRER, ROSA 2471 SW 102 AVE MIRAMAR FL 33025	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
Delete <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
Delete <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
Delete <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
Delete <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **01/20/2001** Daytime Phone #: **(305) 628-2472**

CR2E034 (10/00)