2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000022861

1. Entity Name

5006 BUILDING, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90282 046 ***150.00

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Principal Place of Business 2840 S.W. THIRD AVENUE MIAMI FL :3312-9		2840	Mailing Address 2840 S.W. THIRD AVENUE MIAMI FL :3312-9							
2. Principal Place of Business			3. Mailing Address				[#81 #81			i e ilei 1181 (88)
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City	& State		4.	4. FEI Number 65-0743203 Applied For Not Applicable			· · · · · · · · · · · · · · · · · · ·	
Zip	Country		ip Coun		у	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.					
COOT, CHARLES B					Name					
SCOTT, CHARLES R 2840 S.W. THIRD AVENUE				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33129										
					City			FL	Zip Cod	le
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.										and accept
SIGNATURE .			·							
	Signature, typed or printed name of registered age	t and title if app	olicable. (NOTE: I	Registered A	lgent signature require	d when re	reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Final Trust Fund Contribution	_		00 May Be of to Fees
10.	OFFICERS AND DIRECTORS 11					AL		CERS AND I	DIRECTOR:	S IN 11
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, CHARLES R 2840 S.W. THIRD AVE. MIAMI FL 33129		□ Delete	TITLE NAME STREET A	ADDRESS 1-zip				☐ Change	Addition
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12. Thereby 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 like empowered.

SIGNATURE!

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F9-2003

305-285 - 947 | Daytime Phone #