

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90074 021 ***158.75

DOCUMENT # P97000069274

1. Entity Name
BISCAYNE SHOPPING, INC.

Principal Place of Business
17096 COLLINS AVE
#D605
SUNNY ISLES BCH FL 33160

Mailing Address
~~17096 COLLINS AVE~~
~~#D605~~
~~SUNNY ISLES BCH FL 33160~~



2. Principal Place of Business

3. Mailing Address

8201 NW 66 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3

City & State

City & State

MIAMI, FL

4. FEI Number **59-3461886**

Applied For

Not Applicable

Zip

Country

Zip

Country

33160

US

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~NICHOLS, CLAUDIA~~
17096 COLLINS AVE
#D605
SUNNY ISLES BCH FL 33160

Name **MATOS, CLAUDIA**

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 *Claudia Matos*

MATOS, CLAUDIA

04/23/2002

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☐ Delete
NAME ~~NICHOLS, CLAUDIA~~
STREET ADDRESS **17096 COLLINS AVE #D605**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE ☐ Change ☐ Addition
NAME **MATOS, CLAUDIA**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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: *Claudia Matos* **MATOS, CLAUDIA**

04/23/2002 305-948-8782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)