

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90370 015 ***150.00

DOCUMENT # P97000084405

1. Entity Name
SERRANO FAMILY BUSINESS, INC.

Principal Place of Business

**9806 NW 80TH AVE
 12-R
 HIALEAH GARDENS FL 33016
 US**

Mailing Address

**1065 NE 125 ST
 #317
 N. MIAMI FL 33161
 US**



2. Principal Place of Business

9821 NW 80 AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5-W

City & State

HIALEAH GARDENS, FL

City & State

4. FEI Number **65-0784135**

Applied For

Not Applicable

Zip

33016

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SERRANO, CHRIS

~~**9806 NW 80TH AVE**~~

~~**UNIT 12-R**~~

HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent

Name

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

9821 NW 80 AVE., # 5-W

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, 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 **PD** ☐ Delete
 NAME **SERRANO, ANTONIO**
 STREET ADDRESS ~~**9806 NW 80TH AVE #12-R**~~
 CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE **VSTD** ☐ Delete
 NAME **SERRANO, CHRIS**
 STREET ADDRESS **14015 LANGLEY PLACE**
 CITY-ST-ZIP **DAVE FL 33325**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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 **9821 NW 80 AVE - #5W**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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:

SIGNATURE REQUIRED

4-20-02

454-646-8341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)