

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90075 004 ***150.00

DOCUMENT # P97000089624

1. Entity Name

9595 INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9595 NW 89 AVE.

Suite, Apt. #, etc.

3. Mailing Address

9595 NW 89 AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MEDLEY FLA.

City & State

4. FEI Number

65-0892619

Applied For

Not Applicable

Zip

33178

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERTO SEBASTIA

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

1743 SW 103 PL.

City

MIAMI

FL

Zip Code

33165-7321

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME

D-
CHALUJA MARIO
242 NW 60 AVE.
MIAMI FL. 33126-4758

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

D-
SEBASTIA ROBERTO
1743 SW 103 PL.
MIAMI FL. 33165-7321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Mario Chaluja Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-882-1772

Daytime Phone #

CR2E034B (12/01)