

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108490

1. Entity Name

FIGUEROA & COMPANY, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90484 036 ***150.00

Principal Place of Business

5320 S W 84TH STREET
MIAMI FL 33143
US

Mailing Address

% JULIO FIGUEROA
5320 SW 84 ST
S MIAMI FL 33143

2. Principal Place of Business

431 COSTANERA RD
Suite, Apt. #, etc.

3. Mailing Address

431 COSTANERA RD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33143

Country

Zip

33143

Country

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

FIGUEROA, JULIO
5320 S W 84TH STREET
MIAMI FL 33143

SAME AS ABOVE

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

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGUEROA, JULIO 5320 S W 84TH STREET MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

Daytime Phone #

3-12-2001 305/6628747

CR2E034 (10/00)