2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 16, 2001 8:00 am Secretary of State DOCUMENT # P9800007131 1. Entity Name 05-16-2001 90259 041 ***150.00 LUIS ESCANDELL, INC. Principal Place of Business Mailing Address 7460 WEST 17 AVENUE 7460 WEST 17 AVENUE A0068809 HIALEAH FL 33014 HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0810875 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **ESCANDELL, LUIS** Street Address (P.O. Box Number is Not Acceptable) 7460 WEST 17 AVENUE HIALEAH FL 33014 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE Change ☐ Delete TITLE NAME NAME **ESCANDELL, LUIS** STREET ADDRESS 7460 WEST 17 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

(105)256-4420

Daytime Phone #

Attachment Offasouwonal Awlossus

Luis Escandell 7460 W 17th Ave. Hialeah, Fl. 33014 (305) 823-5752

State of Florida Division of Corporation

Re: Luis Escandell, Inc. FEI # 65- 0810875

To whom it may concern:

This report will reach you a few days late. Luis Escandell, Inc. is a small home-based business dedicated to bookkeeping. This year I have had personal as well as financial difficulties. Unfortunately, I can't afford the four hundred dollars of penalty. I respectfully request for you to please waive the penalty.

Thank you very much for your understanding and help in this matter.

Sincerely,

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