

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

FILED

03 MAY -2 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9800008521

1. Entity Name

TRACT B ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2460 S.W. 137th Avenue

3. Mailing Address
2450 S.W. 137th Avenue

Suite, Apt. #, etc.
Suite 238

Suite, Apt. #, etc.
Suite 221

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number 65-0810225

Applied For
Not Applicable

Zip
33175

Country
USA

Zip
33175

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name A&P Registered Agent, Inc.

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

2450 S.W. 137th Avenue, Suite 221

City Miami

FL Zip Code
33175

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME D. P. S.W.
STREET ADDRESS Ochoa, Carmen L.
CITY-ST-ZIP 2460 S.W. 137th Avenue, Suite 238
Miami, Florida 33175

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)