

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90029 028 ***150.00

DOCUMENT # P98000034025

1. Entity Name
IMOBILARES, INC.

Principal Place of Business
18514 W DIXIE HWY
NORTH MIAMI BEACH FL 33180

Mailing Address
18514 W DIXIE HWY
NORTH MIAMI BEACH FL 33180

80099023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1752 N.E. Miami Garden Dr
 Suite, Apt. #, etc.

3. Mailing Address
18514 W. Dixie Hwy
 Suite, Apt. #, etc.

City & State
Miami FL.

City & State
Miami FLA.

4. FEI Number **59-3565642**

Applied For
 Not Applicable

Zip **33180** Country **USA.**

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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLIP, DAVID H ESQ.
600 S ANDREWS AVE
COLONIAL BANK BLDG, 6TH FL
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name **ERIC A. JACOBS P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
12550 Biscayne Blvd. # 405
 City **Miami** FL Zip Code **33181**

8. The above named entity submits the 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.

ERIC JACOBS **4-25-02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, JOSE 18514 W DIXIE HWY NORTH MIAMI BEACH FL 33180	<input type="checkbox"/> Delete
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE DIAZ **4/25/02** **305 936-0618**

Date

Daytime Phone #

CR2E034 (9/01)