

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90188 009 ***150.00

DOCUMENT # P98000043531

1. Entity Name

524 CORPORATION

Principal Place of Business

2702 THOMAS STREET
 HOLLYWOOD FL 33020

Mailing Address

4122 W. COMANCHE AVE
 TAMPA FL 33614

00013004

2. Principal Place of Business

524 NW 22 ST

3. Mailing Address

2702 THOMAS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

HOLLYWOOD FL

Zip

33127

Country

USA

Zip

33020

Country

USA

4. FEI Number

59-3565057

Applied For

Not Applicable

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

BELLO, CELSO O

**4122 W. COMANCHE AVE
 TAMPA FL 33614**

Name

ALBERTO F. LUEDDECKENS

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

2702 THOMAS ST

City

HOLLYWOOD FLA

FL

Zip Code
33020

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 **PTD** ☒ Delete
 NAME **BELLO, CELSO**
 STREET ADDRESS **4122 W. COMANCHE AVE**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **MYRTA F. STRUP**
 STREET ADDRESS **2702 THOMAS ST**
 CITY-ST-ZIP **HOLLYWOOD FLA 33020**

TITLE **SDV** ☒ Delete
 NAME **LUEDDECKENS, MARIA**
 STREET ADDRESS **4122 W. COMANCHE AVE**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE **VP** ☒ Change ☐ Addition
 NAME **ALBERTO F. LUEDDECKENS**
 STREET ADDRESS **2702 THOMAS ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-920-6868

01-23-01

FAX 954 920 6860

BP 305 617 7447

CR2E034 (10/00)