2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043531

1. Entity Name
524 CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 PM 12:48

Principal Place of Business	Mailing Address
524 NW 22 ~~Ave~~ St Miami, Fla 33017	4122 W. Comanche Ave Tampa, Fla 33614

2. Principal Place of Business	3. Mailing Address
524 NW 22 St	4122 W. Comanche Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fla	City & State: Tampa
Zip: 33017 Country: ~~USA~~	Zip: 33614 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593565057 ☐ 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
Alberto F. Lweddeckens 2702 Thomas St Hollywood, Fla 33020	Name: Maria Lweddeckens Street Address (P.O. Box Number is Not Acceptable): 4122 W. Comanche Ave City: Tampa FL Zip Code: 33614

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] Maria Lweddeckens DATE: 10/23/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After September 12, 2001 Fee will be $750.00
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Pres (Last) Alberto F. Lweddeckens 2702 Thomas St Hollywood, Fla
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition V-President Maria Lweddeckens 3344 422 W. Comanche Ave, Tampa Fla
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500004699995--4 -11/30/01--01039--004 ****148.75 *****70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/01)

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] V/P 10/23/2001 (813)886-4916

OCT 18, 2001

I NEED THE FOLLOWING TRANSACTIONS TO BE COMPLETED AND CHECK DISPERSEMENT AS FOLLOWS:

UPDATED USB ON :	
LUEEDECKENS FIRST PLACE APT. CORP	$61.25
WITH CERTIFIED COPY OF CHANGES	$8.75
05-063713	
UPDATED USB ON:	
524 CORP	$61.25
WITH CERTIFIED COPY OF CHANGES	8.75
593565057	
CERTIFIED COPY OF EXODUS TRANSPORT	8.75 — P01-71518
Doc #1000071518	
TOTAL AMOUNT OF CHARGES	$148.75

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY YOURS,

MARIA E. LUEDDECKENS

If you can't send it with my Federal Express. Please send to: Celso Bello 4122 W. Comanche Ave, Tampa, Fla 33614

CC ag 11/13