

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

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90189 018 ***150.00

DOCUMENT # **P98000057573**

1. Entity Name

F/REV, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **11421 SW 28th Miami FL 33165** 3. Mailing Address **11421 SW 28th Miami FL 33165**

Suite, Apt. #, etc. **N/A**

Suite, Apt. #, etc. **N/A**

DO NOT WRITE IN THIS SPACE

City & State **MIAMI**

City & State **MIAMI FL**

4. FEI Number

Applied For
☒ Not Applicable

Zip **33165** Country **USA**

Zip **33165** Country **USA**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **FLORENCE DEMOSTHENES**

Street Address (P.O. Box Number is Not Acceptable)
11421 SW 28th

MIAMI

City **MIAMI** FL Zip Code **33165**

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 reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
FLORENCE DEMOSTHENES
11421 SW 28th
MIAMI FL 33165**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 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 #

FLORENCE DEMOSTHENES

CR2E034B (12/01)

Attachment
07/22/02 971033
P98000057573

To whom it may Concern

I apologize. I moved and my
correspondance did not follow me
as expected. I want to know
if my corp. status is still
active because I never use it

Thank you.

Theresa