

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058689

1. Entity Name
BISCAYNE STATION, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90081 027 ***158.75

Principal Place of Business
12398 SW 82ND AVE
MIAMI FL 33156

Mailing Address
12398 SW 82ND AVE
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0879431

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

ROTH, MITCHEL W
16459 NE 6TH AVE
N MIAMI BEACH FL 33162

Name Leonard Gorman
Street Address (P.O. Box Number is Not Acceptable)
1320 S. Dixie Hwy
Penthouse 1275
City Coral Gables FL 33146

8. The above named entity signs 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)

4/25/01
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	D	<input checked="" type="checkbox"/> Delete
NAME	FONTECILLA, ISABEL E	
STREET ADDRESS	12398 SW 82ND AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FONTECILLA, CARLOS	
STREET ADDRESS	12398 SW 82ND AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change	Addition
NAME	CARLOS FONTECILLA		
STREET ADDRESS	12398 SW 82ND AVE		
CITY-ST-ZIP	MIAMI FL 33156		
TITLE	P, S, T	<input checked="" type="checkbox"/> Change	Addition
NAME	CARLOS FONTECILLA		
STREET ADDRESS	12398 SW 82ND AVE		
CITY-ST-ZIP	MIAMI FL 33156		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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

CARLOS FONTECILLA

4/25/01

Date

305-255-4145

Daytime Phone #

CR2E034 (10/00)