

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90105 045 ***150.00

DOCUMENT # p98000100253

1. Entity Name

CORTEZ ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20475 BISCAYNE BLVD

Suite, Apt. #, etc.

G-11

3. Mailing Address

20475 BISCAYNE BLVD

Suite, Apt. #, etc.

G-11

DO NOT WRITE IN THIS SPACE

City & State

AVENTURA FL

City & State

AVENTURA FL

4. FEI Number

650878680

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

FERNANDO CORTEZ

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

13821 SW 109 STREET

City

MIAMI

FL

Zip Code

33186

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**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
**PD
FERNANDO CORTEZ
13821 SW 109 STREET
MIAMI FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
ANA CORTEZ
13821 SW 109 STREET
MIAMI FL 33186**

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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:

ANA CORTEZ

4/30/02

305/955-5340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)