

## 1. Entity Name

NORTH EAST 17TH AVE, CORP



## Principal Place of Business

2365 ARCHCREEK DRIVE  
NORTH MIAMI FL 33161

## Mailing Address

2365 ARCHCREEK DRIVE  
NORTH MIAMI FL 33161

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**



1st MOORE

CR2E034 (10/04)

## 2. Principal Place of Business

Suite, Apt. #, etc.

## 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 65-0889519

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

KAY, JOSEPH M  
2365 ARCHCREEK DRIVE  
NORTH MIAMI FL 33161

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution. ☐ Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
 NAME KAY, JOSEPH M  
 STREET ADDRESS 2365 ARCHCREEK DRIVE  
 CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1100000230617  
 CITY-ST-ZIP 02/15/05-80051-002 150.00

TITLE ☐ Change ☐ Addition  
 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

12. 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 10 or Block 11 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 #

2-12-05 305-993-6094