

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012608

1. Entity Name
PETARDVEST, INC.

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90011 046 ***150.00

0050142 AV

Principal Place of Business
3850 S.W. 87TH AVENUE
#203
MIAMI FL 33165

Mailing Address
3850 S.W. 87TH AVENUE
#203
MIAMI FL 33165

00004333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10372 SW 145T
Suite, Apt. #, etc.

3. Mailing Address
10372 SW 145T
Suite, Apt. #, etc.

City & State
Miami FL
Zip
33174

City & State
Miami FL
Zip
33174

4. FEI Number 65-0898341
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SUAREZ, VICTOR M
3850 S.W. 87TH AVENUE
#203
MIAMI FL 33165

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.

SIGNATURE _____ (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) ☐

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
TITLE NAME
PSD LABAT, ALFREDO
STREET ADDRESS 3850 S.W. 87TH AVENUE
CITY-ST-ZIP MIAMI FL 33165
Delete ☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME
Delete ☐ Change ☐ Addition ☐

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 empowerment.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (5/01)