

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013457

1. Entity Name

919, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90024 026 ***150.00

Principal Place of Business 1607 PONCE DE LEON BLVD. SUITE 101 CORAL GABLES FL 33134	Mailing Address 1607 PONCE DE LEON BLVD. SUITE 101 CORAL GABLES FL 33134-4011
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1172 S. Dixie Highway Suite, Apt. #, etc. #436 City & State Coral Gables, Fl Zip 33146 Country USA	3. Mailing Address 1172 S. Dixie Highway Suite, Apt. #, etc. #436 City & State Coral Gables, Fl Zip Country
--	---

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
NUNEZ, ALEJANDRO P.A.
1607 PONCE DE LEON BLVD.
SUITE 101
CORAL GABLES FL 33134

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 \$150.00
After MAY 1, 2000 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

TITLE PSTD	<input checked="" type="checkbox"/> Delete
NAME WAN, SUELAN	
STREET ADDRESS 1607 PONCE DE LEON BLVD.	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WAN, SUELAN	
STREET ADDRESS 1172 S. Dixie Highway #436	
CITY-ST-ZIP Coral Gables, Fl 33134	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Wan, Suelan** **President** 4/10/00 (305) 774-6222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)