

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT #
Entity Name

999000024620 R

IGLESIAS GROUP, INC.

FILED
Jun 22, 2000 8:00 am
Secretary of State

05-08-2000 90007 017 ***150.00

Principal Place of Business
423 SW 99 Place
Miami, Florida 33165

Mailing Address
2423 SW 99 Place
Miami, Florida 33165

Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

7. Name and Address of New Registered Agent

Current Agent
Iglesias
2730 SW 8 Street
Miami, Florida 33174

Name
Maria Rodriguez

Street Address (P.O. Box Number is Not Acceptable)
2423 SW 99 Place

Miami, Florida 33165

City FL Zip Code

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: Maria Rodriguez
Signature, typed or printed name of registered agent and the applicable

4/24/2000
DATE

(NOTE: Registered Agent signature required when reinstating)

1. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

D
Maria Rodriguez
2423 SW 99 Place
Miami, Florida 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
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STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

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Change ☐ Addition ☐

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STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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 empowered.

SIGNATURE: Maria Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000
Date

(305) 553-6993
Business Phone #