

2006 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90019 022 ***150.00

DOCUMENT # P99000037241

1. Entity Name

BATISTA_NUNEZ, CORPORATION

DO NOT WRITE IN THIS SPACE

40045405

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9930 NW 7 Ave.

Suite, Apt. #, etc.

3. Mailing Address

9930 NW 7 Ave

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0918649

Applied For

Not Applicable

Zip

33150

Country

USA

Zip

33150

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANA D. NUNEZ-BLACK

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

9930 NW 7 Ave.

City

MIAMI

FL

Zip Code
33150

**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
PSD
NUNEZ-BLACK, ANA D.
6556 ESTON ST
HOLLY WOOD, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
BATISTA, JUANA M.
6556 ESTON ST
HOLLY WOOD, FL 33024

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana D. Nunez-Black

3-16-06 (305) 836-1166

Date

Daytime Phone #

CR2E034B (12/01)