## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P99000053400 1. Entity Name **CURNOW & ASSOCIATES, INC.** 04-23-2001 90117 045 \*\*\*150.00 Curnow & Associates Inc. Principal Place of Business Currory & Associates Inc Mailing Address 7710 W 28 AVE #215 47 305-816-1012 Ph 305-816-1012 7710 W 28 AVE #215 HIALEAH FL 33018 8137 9 1 199 Terrace HIALEAH FL 33018 8137 NW 199 Terrace Haleah, F.L. 33015 Haleah FL 33015 2. Principal Place of Business 3. Mailing Address 8137 NW 199 terroce B137 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number MIOMI, 65-0927159 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **CURNOW, ANTONIO** Street Ad-7710 W 28 AVE #215 HIALEAH FL 33018 8. The above named entire submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or print FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition **PVD** TITLE Delete TITLE ANTONIO CUPAON NAME **CURNOW, ANTONIO** NAME 8137 NW 199 terroce STREET ADDRESS STREET ADDRESS 7710 W 28 AVE #215 CHANGED MIOMI FL 33015 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33018 ☐ Addition STD ☐ Delete TITLE TITI F CURNOW, ANA M NAME NAME 8137 NW 199 terroce STREET ADDRESS 7710 W 28 AVE #215 STREET ADDRESS MIOMI FL 33015 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33018 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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