

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90131 038 ***150.00

1. Entity Name
55TH STREET STATION, INC.

5580 N.E. 4TH COURT
MIAMI FL 33137

5580 N.E. 4TH COURT
MIAMI FL 33137

5600 Biscayne Blvd.
Suite, Apt. #, etc.

Suite, Apt. #, etc. **SAME**

Zip	Country
33137	U.S.A

Zip	Country
-----	---------

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

CAPOTE, BEATRIZ M
 1101 BRICKELL AVENUE, 17TH FLOOR
 MIAMI FL 33131

Name Capote, Beatriz M

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

Sk. 700

City Miami **FL** Zip Code 33137

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PVT	<input type="checkbox"/> Delete
NAME	SOYKA, MARK	
STREET ADDRESS	800 OCEAN DRIVE	
CITY-ST-ZIP	MIAMI FL 33139	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	HAKMAN, GABRIELLE	
STREET ADDRESS	5582 NE 4TH CT., SUITE 6	
CITY - ST - ZIP	MIAMI FL 33137	

TITLE	V.P.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	CR
NAME	Hakman, Gabrielle			
STREET ADDRESS	5582 NE 4th Ct., Ste 6, Miami, FL 33157			
CITY-ST-ZIP				

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #