

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000090260

1. Entity Name

BUTTONS & BUTTONS & ACCESSORIES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

04-04-2000 90027 025 ***150.00

Principal Place of Business

Mailing Address

2740 SW 24TH TERRACE
MIAMI FL 33145

2740 SW 24TH TERRACE
MIAMI FL 33145-3332

2. Principal Place of Business

3. Mailing Address

4471 N.W. 36th St. #219

447 N.W. 36th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#219

#219

City & State

City & State

Miami Springs, FL.

Miami Springs FL.

Zip

Country

Zip

Country

33166

U.S.A.

33166

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, MILAGROSS
11950 SW 271ST TERRACE
HOMESTEAD FL 33032

Name **FERNANDEZ**

Street Address (P.O. Box Number is Not Acceptable)
1870 W. Hialeah Blvd.

FL.

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

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, 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
D
AVILA, CARLOS S
2740 SW 24TH TERRACE
MIAMI FL 33145 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRIJALVA, LUIS F
2740 SW 24TH TERRACE
MIAMI FL 33145 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ANA Maldonado
2740 S.W. 24th Terrace
Miami FL-33145 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00 (305) 805-4214

Date

Daytime Phone #

CR2E034 (9/99)