

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90213 046 ***150.00

DOCUMENT # P99000093066

1. Entity Name
SPACE MARKET, INC.



Principal Place of Business
2126 NW 19 AVE
MIAMI FL 33142

Mailing Address
PO BOX 310456
MIAMI FL 33231

2. Principal Place of Business
1401 NW 22 St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

4. FEI Number **65-0956333**

Applied For
Not Applicable

Zip
33142

Country
U.S.A.

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

CEBALLOS, HORACIO
1000 PONCE DE LEON
SUITE 110
CORAL GABLES FL 33134

Name
CEBALLOS HORACIO
Street Address (P.O. Box Number is Not Acceptable)
1401 NW 22 St.
Miami FL
City **FL** **Zip Code** **33142**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **CEBALLOS, HORACIO**
STREET ADDRESS **2126 NW 19 AVE**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **CEBALLOS HORACIO**
STREET ADDRESS **1401 NW 22 St.**
CITY-ST-ZIP **Miami FL 33142**

TITLE **SD** ☒ **Delete**
NAME **CIGENA, ANA BERNARDA**
STREET ADDRESS **2126 NW 19 AVE**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ **Change** ☒ **Addition**
NAME **RAUL E. SAAD**
STREET ADDRESS **5630 COPPER LEAF LANE**
CITY-ST-ZIP **NAPLE FL 34116**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Horacio Ceballos* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/03

Date Daytime Phone #

CR2E034 (10/02)