

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90097 002 ***150.00

DOCUMENT # P99000099080

Entity Name
18 - K FLORIDA HOLDINGS INC.

Principal Place of Business	Mailing Address
C/O 2100 SALZEDO STREET SUITE 300 MIAMI FL 33134	C/O 2100 SALZEDO STREET SUITE 300 MIAMI FL 33134



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0991647		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ALVAREZ-MENA, SERGIO C/O 2100 SALZEDO STREET SUITE 300 CORAL GABLES FL 33134				Name ARAZOZA + FERNANDEZ-FRAGA P-A			
				Street Address (P.O. Box Number is Not Acceptable)			
				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 **ADELAIDA FERNANDEZ-FRAGA**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **MANAGING DIRECTOR** DATE **1-29-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **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 NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete AIZENMAN, IGNACIO C/O 2100 SALZEDO STREET SUITE 300 CORAL GABLES FL 33134	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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

3. 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: **IGNACIO AIZENMAN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **1-29-2002** Daytime Phone #

CR2E034 (9/01)