

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99 000 100713**

1. Entity Name

I AW OF South Florida, Inc.**FILED**
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90370 004 ***158.75

Principal Place of Business

13727 Sw 152 St #364
Miami FL 33177

Mailing Address

15403 Sw 137 Ave
Miami FL 33177**00014986**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

MARIA S. QUESADA
13727 Sw 152 St, Unit 364
Miami FL 33177

Name

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

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, 2001 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

PSD
MARIA S. QUESADA
13727 Sw 152 St Unit 364
Miami FL 33177☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ 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

PSD**2/1/01****786 2426532**

Daytime Phone #

CR2E034 (11/00)