

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90490 029 ***150.00

DOCUMENT # P99000100713

1. Entity Name
IAW OF SOUTH FLORIDA, INC.

Principal Place of Business
13727 S.W. 152ND STREET, UNIT 364
MIAMI FL 33177

Mailing Address
15403 SW 137TH AVENUE
MIAMI FL 33177



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15403 Sw 137 ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami FL

City & State

4. FEI Number **65-0967101**

Applied For
 Not Applicable

Zip **33177** Country **US**

Zip Country

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

6. Name and Address of Current Registered Agent

QUESADA, MARIA S
13727 S.W. 152ND STREET, UNIT 364
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name **QUESADA MARIA S**
 Street Address (P.O. Box Number is Not Acceptable)
15403 Sw 137 ave
Miami
 City **FL** Zip Code **33177**

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 **MARIA S. QUESADA** **4/1/02**
 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 ☐ **\$5.00** May Be Added to Fees
 Trust Fund Contribution

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	QUESADA, MARIA S	
STREET ADDRESS	13727 S.W. 152ND STREET, UNIT 364	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA S. QUESADA	
STREET ADDRESS	15403 Sw 137 ave, miami FL 33177	
CITY-ST-ZIP		
TITLE	V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVA DOMINGUEZ	
STREET ADDRESS	15403 Sw 137 ave miami FL 33177	
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDO NARCIZI	
STREET ADDRESS	15403 Sw 137 ave miami FL 33177	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: **Maria S. Quesada** **4/1/02** **786-242 6582**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)