

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91341 024 ***150.00

DOCUMENT # P 99000103237

1. Entity Name

A.F. Enterprizes of South FL, INC. ✓

Principal Place of Business

Mailing Address

301 ALMERIA AVE #3 P.O. BOX 140477
 CORAL GABLES, FL CORAL GABLES, FL
 33134-5822 33114-4181

2. Principal Place of Business

3. Mailing Address

301 ALMERIA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3

City & State

City & State

CORAL GABLES, FL

4. FEI Number

65-1001051

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

U.S.A.

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

LUPE GARCIA
 301 ALMERIA AVE. #3
 CORAL GABLES, FL 33134

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

TITLE PD JOSE A FERRIOL ☐ Delete
 NAME
 STREET ADDRESS 301 ALMERIA AVE #3
 CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE VD ANNA MARIA ALONSO ☐ Delete
 NAME
 STREET ADDRESS 301 ALMERIA AVE #3
 CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE SD LUPE GARCIA ☐ Delete
 NAME
 STREET ADDRESS 301 ALMERIA AVE #3
 CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE A. FERRIOL - PRES. 01/4/27 305-448-3898

Date

Daytime Phone #

CR2E034 (11/00)