

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR).**

06-24-2005 90003 004 \*\*\*163.75  
559155

DOCUMENT # **S59155**  
1. Entity Name  
**130 NW 69 STREET, INC**



FILED

05 AUG -3 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**130 Miami NW 69 ST**  
3. Mailing Address  
**130 NW 69 ST**  
4. City & State  
**MIAMI FL 33138**  
5. Country  
**US**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**Applied for**  
Applied For  
Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name **ST. PRIX, ANTHONY**  
Street Address (P.O. Box Number is Not Acceptable)  
**9280 BISCAYNE BLVD**  
**Suite C**  
City **MIAMI** FL Zip Code **33138**

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	<b>PO ROBINSON, GEORGE</b>	<b>9280 BISCAYNE BLVD</b>	<b>MIAMI FL 33138</b>
	<b>ROBINSON, KUCENNE</b>	<b>9280 BISCAYNE BLVD, Suite C</b>	<b>MIAMI FL 33138</b>

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-15-05**

Date

Daytime Phone #

CR2E034B (12/02)

ATTACHMENT

40089397  
# 559155

282

Mark "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See Instructions on page 1

BANK NAME/  
DATE STAMP

130 N W 89 STREET INC  
115-20 228TH ST  
CAMBRIDGE HTS

EIN 06-1349510 140212

NY 11411-0001

	Sch.	1st
94*	a	Quarter
990C	1120	2nd Quarter
943	990T	3rd Quarter
720	990PF	4th Quarter
CT-1	1042	
940		

62

08 2

Telephone number ( )

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon  
Form 8109 (Rev. 07-91)

559155