

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91514 025 ***150.00

DOCUMENT # 579806 ✓
1. Entity Name
6290 SOUTH DIXIE HIGHWAY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Gerson Preston

3. Mailing Address
same

Suite, Apt. #, etc.
666 71st Street

Suite, Apt. #, etc.

City & State
Miami Beach, Florida

City & State

4. FEI Number
650625334

Applied For
Not Applicable

Zip
33141

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Daniel Herz

Street Address (P.O. Box Number is Not Acceptable)
7261 SW 42nd Court

City Davie **FL** Zip Code 33314

**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.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when relocating.)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Raul Savransky (P, D)
666 71st Street
Miami Beach, Fl. 33141

TITLE
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CITY- ST- ZIP

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CITY- ST- ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-02

305 865-4311

CR2E034B (12/01)