

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90442 001 ***300.00

DOCUMENT # P98000099169



1. Entity Name
1080 E 24TH STREET CORP.

Principal Place of Business
1080 E 24 STREET
HIALEAH FL 33013

Mailing Address
1080 E 24 STREET
HIALEAH FL 33013

00004374



2. Principal Place of Business

3. Mailing Address

P.O. Box 3220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hialeah, FL

4. FEI Number 65-0900452

Applied For
Not Applicable

Zip

Country

Zip
33013-3220

Country

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

CHECK HERE IF MAKING CHANGES

6.-Name and Address of Current Registered Agent

7.-Name and Address of New Registered Agent

CASAMAYOR, AUGUSTO G
1056 EAST 24TH ST
HIALEAH FL 33013

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME D
STREET ADDRESS CASAMAYOR, AUGUSTO G
CITY-ST-ZIP 1080 E 24 STREET
HIALEAH FL 33013

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 (305) 691-3778
Date Daytime Phone #

CR2E034 (10/02)