

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000043531**
 1. Entity Name **524 CORP.**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 26 PM 12:48

Principal Place of Business **524 NW 22nd St Miami, FL 33017**
 Mailing Address **4122 W. Comanche Ave Tampa, FL 33614**

2. Principal Place of Business **524 NW 22nd St**
 3. Mailing Address **4122 W. Comanche Ave**

DO NOT WRITE IN THIS SPACE

City & State **Miami FL**
 Zip **33017**
 Country **USA**

City & State **Tampa**
 Zip **33614**
 Country **USA**
 4. Filing Number **593565057**
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Alberto F. Weddeckens
2702 Thomas St
Hollywood, FL 33020

7. Name and Address of New Registered Agent
 Name **MARIA Lweddeckens**
 Street Address (P.O. Box Number is Not Acceptable)
4122 W. Comanche Ave
 City **Tampa** FL Zip Code **33614**

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 Lweddeckens** **MARIA Lweddeckens** DATE **10/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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. PRESIDENTS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		President Alberto F. Weddeckens 2702 Thomas St Hollywood, FL	
		V-President Maria Lweddeckens 422 W. Comanche Ave, Tampa, FL	
		500004699995--4 -11/30/01--01039--004 ****148.75 ****70.00	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Lweddeckens** **10/23/2001** **(813) 886-4916**

CR2E034 (5/01)

OCT 18, 2001

I NEED THE FOLLOWING TRANSACTIONS TO BE COMPLETED AND CHECK
DISPERSEMENT AS FOLLOWS:

UPDATED USB ON :

LUEEDECKENS FIRST PLACE APT. CORP \$61.25
WITH CERTIFIED COPY OF CHANGES \$8.75

65-0637213

UPDATED USB ON:

524 CORP \$61.25
WITH CERTIFIED COPY OF CHANGES 8.75

593565057

CERTIFIED COPY OF EXODUS TRANSPORT 8.75

Doc #1000071518

TOTAL AMOUNT OF CHARGES \$148.75

PO1-71518

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY YOURS,

MARIA E. LUEDECKENS

If you can't send it with my Federal
Express. Please send to: Celso Bello
4122 W. Comanche Ave, Tampa, Fla 33614

ac
ag 11/13