

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90239 001 \*\*\*158.75

**DOCUMENT # 242804**

1. Entity Name

**TURNER'S OF MIAMI CORP.**

Principal Place of Business

Mailing Address

2337 N.W. 5TH AVE  
 MIAMI FL 33127  
 US

2337 N.W. 5TH AVE  
 MIAMI FL 33127-4309  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0910225**

Applied For

Not Applicable

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

**TURNER, MARCIA**  
**2337 NW 5 AVE**  
**MIAMI FL 33127**

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD TURNER, DINA 5700 COLLINS AVE #6E MIAMI BEACH FL	<input type="checkbox"/>		<input type="checkbox"/>
DVP TURNER, MARCIA 5500 COLLINS AVE #902 MIAMI BCH FL	<input type="checkbox"/>		<input type="checkbox"/>
VP CALZADILLA, MARCOS 7120 SW 107 TERR. MIAMI FL	<input type="checkbox"/>		<input type="checkbox"/>
DS TURNER, MARCIA 5500 COLLINS AVE #902 MIAMI BCH FL	<input type="checkbox"/>		<input type="checkbox"/>
DV KABAK, IDA 12419 N. BAYSHORE DR N. MIAMI FL 33181	<input type="checkbox"/>		<input type="checkbox"/>
DT KABAK, ELIAS 12419 N. BAYSHORE DR N. MIAMI FL 33181	<input type="checkbox"/>		<input type="checkbox"/>

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:  **ELIAS KABAK** 04/06/2000 305-573-0696  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)