

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K91210

1. Entity Name

EAGLE'S NEST LAKES DEVELOPMENT CORP.

**FILED**  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90013 001 \*\*\*150.00

Principal Place of Business

6443 NW 82ND AVENUE  
MIAMI FL 33166  
US

Mailing Address

6443 NW 82ND AVENUE  
MIAMI FL 33166-2735  
US

913500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4727 S.W 74 Ave.

Suite, Apt. #, etc.

3. Mailing Address

4727 S.W 74 Ave

Suite, Apt. #, etc.

City & State

Miami FL  
Zip 33155 Country USA

City & State

Miami FL  
Zip 33155 Country USA

4. FEI Number

65-0161038

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALZATE, NOHEMY  
10411 S.W. 108TH AVENUE  
#D263  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name: Noheemy Alzate  
Street Address (P.O. Box Number is Not Acceptable): 4727 S.W 74 Ave.  
City: Miami, FL Zip Code: 33155

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: Noheemy Alzate, Secretary DATE: 1/27/2000  
(NOTE: Registered Agent Signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALZATE, NOHEMY	
STREET ADDRESS	10411 S.W. 108TH AVENUE, #D263	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Noheemy Alzate	
STREET ADDRESS	4727 S.W 74 Ave. Miami FL 33155	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Noheemy Alzate, Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #