

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025444

1. Entity Name
2900 CYPRESS CORNERS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90241 023 ***158.75

Principal Place of Business
150 SE 2ND AVE., SUITE 300
MIAMI FL 33131

Mailing Address
150 SE 2ND AVE., SUITE 300
MIAMI FL 33131-1507

00000440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc. *Suite 1301*

3. Mailing Address
Suite, Apt. #, etc. *Suite 1301*

City & State

4. FEI Number **65-0832358**
Applied For Not Applicable

City & State /

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
BAKER, RONALD G
4675 PONCE DE LEON BLVD., SUITE 301
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
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 _____ DATE _____
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.
(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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COX, DAVID F JR.	
STREET ADDRESS	5900 RIVIERA DR.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINTON, JOHNNY L	
STREET ADDRESS	150 SE 2ND AVE., SUITE 300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHRAGE, JOSEPH B	
STREET ADDRESS	4901 NW 17TH WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* Date _____ Daytime Phone # **(305) 373-2164**

CR2E034 (9/99)