

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053616

1. Entity Name

N.E. 17TH AVENUE CORPORATION

Principal Place of Business

Mailing Address

13251-13455 N.E. 17 AVE.  
NORTH MIAMI FL 33181  
US

1140 KANE CONCOURSE  
FIFTH FLOOR  
BAY HARBOR ISLANDS FL 33154-2045  
US

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90133 006 \*\*\*158.75

913445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0692186

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SILVERS, ROBERT H.  
1140 KANE CONCOURSE  
FIFTH FLOOR  
BAY HARBOR ISLANDS FL 33154

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MANNO, BERT	
STREET ADDRESS	7420 MIAMI VIEW DRIVE	
CITY-ST-ZIP	NO BAY VILLAGE FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNO, JOSEPHINE	
STREET ADDRESS	7420 MIAMI VIEW DRIVE	
CITY-ST-ZIP	NO BAY VILLAGE FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNO, PETER	
STREET ADDRESS	1231 WASHINGTON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNO, EILEEN	
STREET ADDRESS	ONE HARBOUR WAY	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
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
NAME	
STREET ADDRESS	
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bert Manno* - BERT MANNO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 26, 00

305-754-7654

Date

Daytime Phone #