

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103554

1. Entity Name

CONCEPT MIAMI, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90089 003 ***150.00

Principal Place of Business

Mailing Address

171 BAHAMA AVE.
KEY LARGO FL 33037

171 BAHAMA AVE.
KEY LARGO FL 33037-4351

0 2 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 Brickell Ave. 9th Floor

3. Mailing Address

801 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9th Floor

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0885167

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
FRANOSZEK, TOBIAS
171 BAHAMA AVE.
KEY LARGO FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TIETGENS, VOLKER
171 BAHAMA AVE.
KEY LARGO FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1446 Lenox Avenue, Apt. 4
Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1446 Lenox Avenue, Apt. 4
Miami Beach, FL 33139

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

i3. 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:

Tobias Franoszek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tobias Franoszek 3/20/00 305-7557447

Date

Daytime Phone #