

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P8000034791**
 1. Entity Name
ALTIMA REALTY, Inc

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90004 009 ***150.00

Principal Place of Business Mailing Address
 2660 HOLLYWOOD BLVD
 HOLLYWOOD FL 33020
 10425 Grove Lane
 Cooper City, FL 33328

2. Principal Place of Business 3. Mailing Address
 2660 Hollywood Blvd 10425 Grove Lane
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 N/A N/A

City & State City & State
 Hollywood, FL Cooper City, FL
 Zip Country Zip Country
 33020 Broward 33328 Broward

4. FEI Number **650819506** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOTARI, MARIA M
10425 GROVE LANE
COOPER CITY FL 33328

7. Name and Address of New Registered Agent

Name **none**
 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	<input type="checkbox"/> Delete
Vice	DELGADO, NIURKA C	2660 HOLLYWOOD BLVD	HOLLYWOOD FL 33020	<input type="checkbox"/>
President	NOTARI, MARIA M	10425 GROVE LANE	COOPER CITY FL 33328	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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: **Maria M Notari** President **4/25/00** **954-680-6869**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)