

# 2000 UNIFORM BUSINESS REPORT (UBR)

090500/10/3

DOCUMENT # M17536

1. Entity Name

676 APARTMENTS CORPORATION

FILED

00 SEP -6 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

676 SW 2ND STREET  
MIAMI FL 33130  
US

8801 NW 153 TERR  
MIAMI FL 33018-1355

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2548208

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

PAZ, MARTA  
8801 NW 153 TERR  
MIAMI FL 33016

Name *Marta Paz*

Street Address (P.O. Box Number is Not Acceptable)

*16621 NW 77th Place*

City

*Miami*

FL

Zip Code *33016*

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

*Marta Paz*

Signature, typed or printed name of registered agent and title (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 ☐ Delete  
NAME **P**  
STREET ADDRESS **PAZ, ORLANDO**  
CITY-ST-ZIP **8801 NW 153 TERR**  
**MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS *16621 NW 77th Place*  
CITY-ST-ZIP *Miami FLA 33016*

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **PAZ, MARTA**  
CITY-ST-ZIP **8801 NW 153 TERR**  
**MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS *16621 NW 77th Place*  
CITY-ST-ZIP *Miami FLA 33016*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS *500003289335-0*  
CITY-ST-ZIP *09/12/00-01022-009*  
*\*\*\*\*150.00 \*\*\*\*150.00*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Marta Paz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/20/00* — *205 231-6140*

Date

Daytime Phone #

CR2E034 (9/99)

2 of 3

On between ~~my mother~~ ~~my father~~ ~~my mother~~ On Jan 1/10  
my mother had a heart attack. She was very ill  
I had to come to our house. My father was also very  
ill & I had to run together w/ my husband & shift  
early taking care of him at the same time I did  
all the paper work. So we got him Medicaid. We  
finally placed him on Waterford Convalescent Center.  
In March 28 I was able to have my shoulder  
operated by Dr Alfred DeSimone, Weston, Fla.  
On April 4th my Mom had another heart  
attack & was at Palmetto Hospital in Hialeah  
Fla. On April 7/00 my Dad had a massive  
heart attack & also was at the same hospital.  
In April 8/00 my father died. My mother 87 yrs.  
is also very ill. I am finally doing better w/  
my ~~and~~ shoulder. With all these reasons it is why  
we respectfully request a waiver of the penalties  
due to all these involuntary causes.

Our new address:

16621 NW 77th Place  
~~21191~~ ~~21191~~ ~~21191~~ Fla 33016-3431

Our new telephone # 305 231.6117  
cellular 305-725.5134

Please answer us on this regard.

With sincerest thanks we remain  
from you,  
Marta Paz