

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M17536

1. Entity Name

676 APARTMENTS CORPORATION

Principal Place of Business

676 SW 2ND STREET
MIAMI FL 33130
US

Mailing Address

8801 NW 159 TERR
MIAMI FL 33016

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Miami Fla

Zip

Country

Zip

33016

Country

USA

6. Name and Address of Current Registered Agent

PAZ, MARTA
16621 N.W. 77TH PLACE
MIAMI FL 33016

4. FEI Number

59-2548208

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	PAZ, ORLANDO	
STREET ADDRESS	16621 N.W. 77TH PLACE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAZ, MARTA	
STREET ADDRESS	16621 N.W. 77TH PLACE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
CITY-ST-ZIP	
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NAME	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marta M. Paz (Treasurer) 4/16/01

Date

305-231-6117
305-725-5134

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90118 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)