

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 168213

1. Entity Name

330-74TH ST CORP

FILED

May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90088 033 \*\*\*150.00

Principal Place of Business

Mailing Address

330 74 STREET  
APT. 1 B  
MIAMI BEACH FL 33141  
US

P.O. BOX 41-40M  
MIAMI BEACH FL 33141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

330 74 STREET

P.O. Box 41-4002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 1B

MIAMI BEACH

City & State

City & State

MIAMI BEACH FLA 33141

FLORIDA

4. FEI Number

59-0674048

Applied For

Not Applicable

Zip

Country

Zip

Country

33141

DADE

33141

DADE

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

MARTIN, GLADYS  
330 74 ST  
MIAMI BEACH FL 33141

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 PS  
NAME MARTIN, GLADYS  
STREET ADDRESS 330 74 STREET  
CITY-ST-ZIP MIAMI BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLADYS MARTIN

Date

Daytime Phone #

305 861 8200

CR2E034 (9/99)