

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 356834

1. Entity Name

MIAMI TRAIL LAND CO

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90001 008 ***150.00

Principal Place of Business

2053 SECOFFEE ST
MIAMI FL 33133
US

Mailing Address

2053 SECOFFEE ST
MIAMI FL 33133-3212
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2653618

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

BAKER, RON

4075 PONGE-DE-LEON BLVD

SUITE 301

CORAL GABLES FL 33146

Name

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

2655 LEJUNE RD. SUITE # 201

City
CORAL GABLES

FL

Zip Code
33134

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 PD
NAME TAYLOR, ROBERT M.
STREET ADDRESS 2053 SECOFFEE ST
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE S
NAME TAYLOR, MARY L
STREET ADDRESS 2053 SECOFFEE ST
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

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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:

Robert M. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/00

305-213-8004

CR2E034 (9/99)