

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90110 009 ***150.00

DOCUMENT # 397178

1. Entity Name

423 CORAL WAY, INC.

Principal Place of Business

Mailing Address

C/O PACIFIC R. E. MGMT CORP.
#403 2490 CORAL WAY
MIAMI FL 33145
US

C/O PACIFIC R. E. MGMT CORP.
#403 2490 CORAL WAY
MIAMI FL 33145
US

822642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2600 DOUGLAS ROAD

3. Mailing Address
2600 DOUGLAS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1004

1004

City & State
CORAL GABLES, FL.

City & State
CORAL GABLES, FL.

4. FEI Number
59-1383717

Applied For
Not Applicable

Zip
33134

Country
US

Zip
33134

Country
US

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

MURAI, WALD, BIONDO & MATTHEWS, P.A.
900 INGRAHAM BLDG., 25 S.E. 2ND AVENUE
MIAMI FL

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 NAME STREET ADDRESS CITY - ST - ZIP	VPST SCHULTHEIS, THEODORE 2490 CORAL WAY #403 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME SAME 2600 DOUGLAS ROAD CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PASD SIMON, XAVIER 2490 CORAL WAY #403 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME SAME 2600 DOUGLAS ROAD CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST SIMON, JAMES 2490 CORAL WAY #403 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME SAME 2600 DOUGLAS ROAD CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Theodore Schultheis **THEODORE SCHULTHEIS** **3-13-00** **305-529-2488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #