

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90137 007 ***150.00

DOCUMENT # 408069

1. Entity Name
QUAIL ROOST PROPERTIES, INC.

Principal Place of Business Mailing Address
 11222 QUAIL ROOST DR 11222 QUAIL ROOST DR
 MIAMI FL 33157 ATTN: CORPORATE PLANNING
 MIAMI FL 33157-6543

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1414202** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL, STEVE ESQ
11222 QUAIL ROOST DR.
LEGAL DEPARTMENT
MIAMI FL 33157
 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 _____ (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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, GUSTAVO		NAME		
STREET ADDRESS	11222 QUAIL ROOST DR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, MANOLA		NAME		
STREET ADDRESS	11222 QUAIL ROOST DR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISRAEL, JASON		NAME	Floyd Gene Denison	
STREET ADDRESS	11222 QUAIL ROOST DRIVE		STREET ADDRESS	11222 Quail Roost Dr.	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami, FL 33157	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGGEN, ARTHUR		NAME		
STREET ADDRESS	11222 QUAIL ROOST DR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELO, ENRIQUZ		NAME	Enrique Lizardo Castelo	
STREET ADDRESS	11222 QUAIL ROOST DR.		STREET ADDRESS	11222 Quail Roost Dr.	
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP	Miami, FL 33157	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Arthur Hegggen* **REQUIRED** *4/20/2000* *305-253-2244* *623004*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)