

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 496875

1. Entity Name

STOLPMANN COMPANIES, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90013 038 ***150.00

Principal Place of Business

Mailing Address

1000 WEST AVE
MIAMI BEACH FL 33139

1000 WEST AVENUE
MIAMI BEACH FL 33139-4759

2. Principal Place of Business
3191 CORAL WAY

3. Mailing Address
3191 CORAL WAY

Suite, Apt. #, etc.
STE 300

Suite, Apt. #, etc.
STE 300

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number **59-1651000**

Applied For
Not Applicable

Zip
33145

Country
USA

Zip
33145

Country
USA

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

FORTE, JOHN
1100 WEST AVE
MIAMI BEACH FL 33139

Name
FORTE, JOHN.

Street Address (P.O. Box Number is Not Acceptable)
3191 CORAL WAY

STE 300

City
MIAMI

FL

Zip Code
33145

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

JOHN FORTE

4/7/00

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	PD FORTE, JOHN 1000 WEST AVE MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RESTREPO, MARIA 1000 WEST AVE MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORTE, JOHN 3191 CORAL WAY, STE 300 MIAMI, FL. 33145	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RESTREPO, MARIA 3191 CORAL WAY, STE 300 MIAMI, FL. 33145	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/7/00 (305) 445-5511

Date

Daytime Phone #

CR2E034 (9/99)