

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 527852

1. Entity Name

STANDARD PROPERTIES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90076 018 ***150.00

Principal Place of Business Mailing Address
1441 SO DIXIE HIGHWAY 14411 SO DIXIE HGHWY.
STE 206 STE 206
MIAMI FL 33176 MIAMI FL 33176-7939
US US

2. Principal Place of Business 3. Mailing Address
11367 S.W. 85 Lane 11367 S.W. 85 Lane
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, Florida Miami, Florida

Zip Country Zip Country
33173 U.S.A. 33173 U.S.A.

4. FEI Number 59-1740385 Applied For
Not Applicable

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
FAGEN, MILDRED H MILDRED H. FAGEN
14411 S DIXIE HWY 11367 S.W. 85 Lane
STE 206
MIAMI FL 33176
City Miami, Florida FL Zip Code 33173

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 *Mildred H. Fagen* Mildred H. Fagen 4-11-00
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	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGEN, MILDRED, H	NAME	
STREET ADDRESS	14411 SO DIXIE HGHWY. STE 206	STREET ADDRESS	11367 S.W. 85 Lane
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	Miami, Florida 33173
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	
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	
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	
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	
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: *Mildred H. Fagen* Mildred H. Fagen 4-11-00 305-596-1107
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)