

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 535860

1. Entity Name
PIPER LANES, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90144 036 ***150.00

Principal Place of Business
11021 SW 176TH STREET
MIAMI FL 33157
US

Mailing Address
11021 SW 176TH ST
MIAMI FL 33157
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1756217**

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

KNUTSON, H.A.
11801 S.W. 104TH COURT
MIAMI FL 33176

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, 2001 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 **P** ☐ Delete
NAME **KNUTSON, H.A.**
STREET ADDRESS **11801 S.W. 104 COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **GARRIDO, LISA K**
STREET ADDRESS **11641 S.W. 67TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **V** ☐ Change ☒ Addition
NAME **Arthur Randall Knutson**
STREET ADDRESS **11801 S.W. 104 Ct**
CITY-ST-ZIP **Miami, Fla 33176**

TITLE **ST** ☐ Delete
NAME **KNUTSON, TERESA**
STREET ADDRESS **11801 S.W. 104 COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: H.A. Knutson **H.A. Knutson** 4-25-2001 (305) 662-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)