

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90049 034 ***150.00

DOCUMENT # 538355

1. Entity Name

ECLECTIC DEVELOPERS, INC.

Principal Place of Business

Mailing Address

**3484 MAIN HIGHWAY
 MIAMI FL 33131
 US**

**C/O SERGIO R. PENTON
 3191 CORAL WAY, SUITE #200
 MIAMI FL 33145-3219**

2. Principal Place of Business

3. Mailing Address *C/O Sergio R. Penton*

780 NW LeJeune Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

427

City & State

Miami FL

Zip

Country

33126

Country

USA

4. FEI Number

59-1769281

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

**PENTON, SERGIO R.
 3191 CORAL WAY
 SUITE 200
 MIAMI FL 33145**

Name

Penton Sergio R.

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

780 NW LeJeune Rd.

City

Miami

FL

Zip Code

33126

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

03/10/00

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	S	<input type="checkbox"/> Delete
NAME	COMAS, ALFREDO J	
STREET ADDRESS	400 S. MASHTA DR.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COMAS, ILEANA	
STREET ADDRESS	400 S. MASHTA DR.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PENTON, SERGIO R	
STREET ADDRESS	3191 CORAL WAY, #200	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Penton, Sergio R.	
STREET ADDRESS	780 NW LeJeune Rd Suite 427	
CITY-ST-ZIP	Miami, Florida 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sergio R. Penton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/00

Date

(305) 448-1362

Daytime Phone #

CR2E034 (9/99)