

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 594572

1. Entity Name

DOUGLAS ENTRANCE PRINTING COMPANY

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 91425 001 \*\*\*\*75.00

05-15-2000 91425 002 \*\*\*\*75.00

Principal Place of Business

Mailing Address

800 DOUGLAS ENTRANCE  
NORTH TOWER, SECOND FLOOR  
CORAL GABLES FL 33134  
US

C/O SPILLIS, CANDELA  
800 DOUGLAS ENTRANCE  
CORAL GABLES FL 33134  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1866940

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

~~SPILLIS, PETER J.~~  
800 DOUGLAS ENTRANCE, 2ND FL.  
10  
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Mar. 15, 2000*

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 checked="" type="checkbox"/> Delete
NAME	SPILLIS, PETER J	
STREET ADDRESS	10700 SNAPPER CREEK ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SPILLIS, ELECTRA	
STREET ADDRESS	10700 SNAPPER CREEK ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CANDELA, HILARIO F.	
STREET ADDRESS	10900 S.W. 53RD AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CANDELA, EVA. (ASST)	
STREET ADDRESS	10900 S.W. 53RD AVE.	
CITY-ST-ZIP	MIAMI FL	
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	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Candela, Hilario F.	
STREET ADDRESS	10900 SW 53rd Ave	
CITY-ST-ZIP	Mia, FL.	
TITLE	VSD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Candela, Eva	
STREET ADDRESS	10900 SW 53rd Ave.	
CITY-ST-ZIP	Mia, FL	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/00* *305 444-4691*  
Date Daytime Phone #

CR2E034 (9/99)