

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 654966**

Entity Name

1111 N. W. 159TH DRIVE CORPORATION**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90049 019 ***150.00

Principal Place of Business

111 N.W. 159TH DRIVE
AMI FL 33169

Mailing Address

1111 N.W. 159TH DRIVE
MIAMI FL 33169

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 **59-0719077**

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

OXENBERG, ~~BERNARD~~ HARVEY
1111 N.W. 159TH DRIVE
MIAMI FL 33169

Name

Harvey Oxenberg

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

1111 NW 159th Drive

City

Miami**FL**

Zip Code

33169

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

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 State10. 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	Delete
VTS	FLEISCHMAN, DAVID H	1111 NW 159TH DRIVE	MIAMI FL 33169	<input checked="" type="checkbox"/>
PD	OXENBERG, HARVEY	1111 NW 159TH DRIVE	MIAMI FL 33169	<input type="checkbox"/>
D	OXENBERG, LAWRENCE	1111 NW 159TH DRIVE	MIAMI FL 33169	<input type="checkbox"/>
D	OXENBERG, LINDA	1111 NW 159TH DRIVE	MIAMI FL 33169	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VTS	MICHAEL METZKES	1111 NW 159th DR	MIAMI FL 33169	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

305 625 5112

CR2E034 (10/00)