

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719881

1. Entity Name

SUNSHINE STATE INDUSTRIAL PARK ASSOCIATION, INC.

Principal Place of Business

1300 N.W. 167TH STREET
MIAMI FL 33169

Mailing Address

1300 N.W. 167TH STREET
MIAMI FL 33169-5738

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

59-1684010

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

NAPOLITANO, ANGELO
1521 NW 165 ST
MIAMI FL 33169

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME NAPOLITANO, ANGELO
STREET ADDRESS 1521 NW 165 ST
CITY-ST-ZIP MIAMI, FL 00000

☐ Delete

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

TITLE D
NAME MAXEY, TOM
STREET ADDRESS 1300 N W 167 ST
CITY-ST-ZIP MIAMI, FL 00000

☐ Delete

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

TITLE D
NAME ~~WEBB, WILLIAM C SR~~ *Joan Jones Webb*
STREET ADDRESS 1300 N W 167TH STREET
CITY-ST-ZIP MIAMI, FL 00000

☐ Delete

TITLE
NAME *JOAN JONES WEBB* ☒ Change ☐ Addition
STREET ADDRESS *1300 NW 167TH ST*
CITY-ST-ZIP *MIAMI FL 33161*

TITLE TD
NAME LEVAN, JAY
STREET ADDRESS 1050 N W 163RD DRIVE
CITY-ST-ZIP MIAMI, FL 00000

☐ Delete

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

TITLE SD
NAME PERKINS, FREDERICK
STREET ADDRESS 16490 NW 13 AVE
CITY-ST-ZIP MIAMI FL

☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2000

Date

305 6206929

Daytime Phone #