

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 843750

1. Entity Name

FREDERICK GARDEN APARTMENTS N.V.

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

03-15-2000 90122 022 ***150.00

Principal Place of Business

633 N.W. EIGHT AVENUE
GAINESVILLE FL 32601

Mailing Address

633 N.W. EIGHT AVENUE
GAINESVILLE FL 32605-6416

2. Principal Place of Business

901 N.W. 57th Street

Suite, Apt. #, etc.

3. Mailing Address

901 N.W. 57th Street

Suite, Apt. #, etc.

City & State

Gainesville, Florida

City & State

Gainesville, Florida

Zip

32605

Country

USA

Zip

32605

Country

USA

4. FEI Number

98-0039623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLDEN, CHARLES I., JR.
MERIDIEN CENTRE, SUITE C
2700 N.W. 43RD ST
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MD
CURACAO CORP COMPANY
HANDELSKADE 8, BX 812
CURACAO, N.A.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MD
NG, LU SIONG
24 PECK SEAH STREET, #08-01
SINGAPORE

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/2000

305-258-9807