

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90151 004 ***150.00

DOCUMENT # F61150

1. Entity Name

SAMPLE ROAD PLAZA, INC.

Principal Place of Business Mailing Address
 JOHN AGUDO JOHN AGUDO
 10000 STERLING ROAD, STE. #7 10000 STERLING ROAD, STE. #7
 COOPER CITY FL 33024 COOPER CITY FL 33024-8067
 US

C0063847



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 **65-0142743** 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

AGUDO, JOHN J.
12919 NW 22 MANOR
PEMBROKE PINES FL 33028

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SV	BASTERRECHEA, FERMIN				
STREET ADDRESS	12919 NW 22 MANOR				
CITY-ST-ZIP	PEMBROKE PINES FL 33028				
VT	STORTI, SERGIO				
STREET ADDRESS	3000 ISLAND BL 1204				
CITY-ST-ZIP	N MIAMI BEACH FL				
S	AGUDO, JOHN J.				
STREET ADDRESS	10739 NASHVILLE DR				
CITY-ST-ZIP	COOPER CITY FL				

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] 04-11-2000 (964) 436-6900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #