

2000 UNIFORM BUSINESS REPORT (UBR)

0241996

DOCUMENT # F93000005303

1. Entity Name

2000 ISLAND BOULEVARD, INC.

APPROVED
AND
FILED

00 MAR 15 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7900 ISLAND BOULEVARD 7900 ISLAND BOULEVARD
NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160-4906

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 65-0452965 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

MATUS, ALAN
7900 ISLAND BOULEVARD
NORTH MIAMI BEACH FL 33160

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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 PSD
NAME MATUS, ALAN
STREET ADDRESS 7900 ISLAND BOULEVARD
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500003177845--4
-03/21/00--01078--020
****150.00 ****150.00

TITLE VAS
NAME LIEB, JAMES
STREET ADDRESS 7900 ISLAND BLVD.
CITY-ST-ZIP N. MIAMI BEACH FL

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

TITLE VAS
NAME FINVARB, ROBERT I
STREET ADDRESS 7900 ISLAND BOULEVARD
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

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

TITLE AS
NAME TORPEY, CARITE
STREET ADDRESS 7900 ISLAND BLVD.
CITY-ST-ZIP N. MIAMI BEACH FL

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

TITLE
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CITY-ST-ZIP
☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)