

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90131 043 \*\*\*150.00

**DOCUMENT # H14390**

1. Entity Name

**IRENE MARIE, INC.**

Principal Place of Business

728 OCEAN DR  
W. H. MILMOE, TREASURER  
MIAMI BCH FL 33139

Mailing Address

728 OCEAN DR  
W. H. MILMOE, TREASURER  
MIAMI BCH FL 33139-6220

2. Principal Place of Business

*728 Ocean Dr.*

3. Mailing Address

*728 Ocean Dr.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Miami Beach, FL*

City & State

*Miami Beach, FL*

Zip

*33139*

Country

*USA*

Zip

*33139*

Country

*USA*

4. FEI Number

**59-2452939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRAVIESO, MARIA  
728 OCEAN DR  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

*Irene Marie*

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

*728 Ocean Dr.*

City

*Miami Beach, FL*

FL

Zip Code

*33139*

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 **DC** ☐ Delete  
NAME **MARIE, IRENE**  
STREET ADDRESS **728 OCEAN DR**  
CITY-ST-ZIP **MIAMI BCH FL**

TITLE **TS** ☒ Delete  
NAME **TRAVIESO, MARIA**  
STREET ADDRESS **728 OCEAN DR**  
CITY-ST-ZIP **MIAMI BCH FL**

TITLE **V** ☐ Delete  
NAME **MARIE, PATRICK**  
STREET ADDRESS **728 OCEAN DR**  
CITY-ST-ZIP **MIAMI BCH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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) 672-2929*

CR2E034 (9/99)