

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1421129
1. Entity Name
Miami Springs Motel, Inc.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90002 009 ***550.00

Principal Place of Business
661 East Drive
Miami Springs, FL 33166

Mailing Address
✓

A0070371

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
13935 NW 1st Ave.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
Zip
33168

4. FEI Number
59-2447199
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Delegin Calaforra
8241 SW 11 Terrace
Miami, FL 33144

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 PD Pelegin Calaforra ☐ Delete
NAME 8241 SW 11 Terrace
STREET ADDRESS Miami, FL 33144
CITY-ST-ZIP
TITLE VP Elena Calaforra ☐ Delete
NAME 8241 SW 11 Terrace
STREET ADDRESS Miami, FL 33144
CITY-ST-ZIP
TITLE S Eric Calaforra ☐ Delete
NAME 8241 SW 11 Terrace
STREET ADDRESS Miami, FL 33144
CITY-ST-ZIP
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

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 Pelegin Calaforra 7/12/00 305 688-9694.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)