

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90048 010 ***150.00

DOCUMENT # H38321

1. Entity Name

74.5 INC.

Principal Place of Business

126 GULFVIEW DR.
 ISLAMORADA FL 33036
 US

Mailing Address

126 GULFVIEW DR.
~~155 W. SUNRISE AVE~~
 ISLAMORADA FL 33036-4114
 US

2. Principal Place of Business

3. Mailing Address

126 Gulfview Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Islamorada, FL 33036-4114

4. FEI Number

59-2482004

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOLFF, MARK J
 115 W. SUNRISE AVE
 CORAL GABLES FL 33133

Name

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

333 University Drive, Suite 109

City

Coral Gables

FL

Zip Code
 33134

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
 STREET ADDRESS
 CITY-ST-ZIP
 DPT
 WOLFF, MARK J
 115 W. SUNRISE AVE
 CORAL GABLES FL 33133 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
 333 University Drive, Suite 109
 Coral Gables, FL 33134

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 WOLFF, MARK J.
 115 W. SUNRISE AVENUE
 CORAL GABLES FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
 333 University Drive, Suite 109
 Coral Gables, FL 33134

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00 (305) 223-2370

Date

Daytime Phone #

CR2E034 (9/99)