

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H38912

1. Entity Name

UNITED LAND DEVELOPMENT CORP.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90009 022 ***150.00

Principal Place of Business

Mailing Address

% KATZ, BARRON, SQUITERO, LINDEN & FAUST
3701 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308

% KATZ, BARRON, SQUITERO, LINDEN & FAUST
3701 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308-7611

2. Principal Place of Business

1500 CORDOVA ROAD

Suite, Apt. #, etc.

310

3. Mailing Address

1500 CORDOVA ROAD

Suite, Apt. #, etc.

310

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

59-2733361

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

Country

USA

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

CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE
SUITE 700-A
MIAMI FL 33133

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
STREET ADDRESS
CITY-ST-ZIP
PSD
KELLA, RANDALL
3701 GALT OCEAN DRIVE
FT. LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1500 CORDOVA ROAD, #310
FORT LAUDERDALE, FL 33316 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall Kella 4/24/00 954-523-4008
Date Daytime Phone #

CR2E034 (9/99)