

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H57387

1. Entity Name
600 NORTH STATE ROAD 7, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90038 007 ***550.00

Principal Place of Business
% ALAN H. POTAMKIN, POTAMKIN DODGE
1350 W 49TH STREET
HIALEAH FL 33012
US

Mailing Address
% ALAN H. POTAMKIN, POTAMKIN DODGE
1350 W 49TH STREET
HIALEAH FL 33012
US

2. Principal Place of Business
2333 PONCE DE LEON BLVD
Suite, Apt. #, etc.
600

3. Mailing Address
2333 PONCE DE LEON BLVD
Suite, Apt. #, etc.
600

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number 59-2529234

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PATHMAN, WAYNE M ESQ
HABER, LEWIS & PATHMAN, LLP
ONE BISCAYNE BLVD, SUITE 3600
MIAMI FL 33131

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 _____ 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D POTAMKIN, ALAN H 1350 W. 49TH STREET HIALEAH FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITTER, WALTER H 1350 W. 49TH STREET HIALEAH FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTAMKIN, ROBERT M 1350 W. 49TH STREET HIALEAH FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] DATE: 9/5/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR YUSKO, TREAS (305) 774-7690

CR2E034 (5/00)