

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H74985

1. Entity Name

747 BUILDING ASSOCIATES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90019 035 ***150.00

Principal Place of Business

Mailing Address

747 PONCE DE LEON BLVD.
CORAL GABLES FL 33114-8058
US

747 PONCE DE LEON BLVD.
P.O. BOX 141058
CORAL GABLES FL 33114-1058

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2571162

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

FERNANDEZ-CAROL, ADOLFO
3659 S MIAMI AVE
5001
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	P	<input type="checkbox"/> Delete
NAME	MARTINEZ, ELENA R	
STREET ADDRESS	3661 S MIAMI AVE SUITE 801	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUJALS, SANTIAGO	
STREET ADDRESS	747 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERNANDEZ-CAROL, ADOLFO	
STREET ADDRESS	747 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA-LINARES, MANUEL	
STREET ADDRESS	3661 S MIAMI AVE SUITE 605	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARRIOS, IVAN J	
STREET ADDRESS	747 PONCE DE LEON BLVD 503	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOREZ, LUIS R	
STREET ADDRESS	747 PONCE DE LEON BLVD 409	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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
IVAN J. BARRIOS, M.D. SECRETARY

2/7/00

Date

(305) 448-8464

Daytime Phone #

CR2E034 (9/99)