

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90007 021 ***150.00

DOCUMENT # J45269

1. Entity Name

MUREX PROPERTIES, INC.

Principal Place of Business

6925-112th Circle South
 Suite 101
 Largo, FL 34643-5200

Mailing Address

6925 - 112th Circle South
 Suite 101
 Largo, Florida 34643-5200

2. Principal Place of Business

1253 Park Street

Suite, Apt. #, etc.

3. Mailing Address

1253 Park Street

Suite, Apt. #, etc.

City & State
 Clearwater, Florida

Zip
 33756

Country
 USA

City & State
 Clearwater, Florida

Zip
 33756

Country
 USA

4. FEI Number
 59-2743670

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GEO Development Corp.
 6925 - 112th Circuit North
 Suite 101
 Largo, Florida 34643

7. Name and Address of New Registered Agent

Name Emil G. Pratesi

Street Address (P.O. Box Number is Not Acceptable)
 1253 Park Street

City
 Clearwater

FL Zip Code
 33756

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

5/25/00

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	<input type="checkbox"/> Delete
NAME	Ziade, Fady	
STREET ADDRESS	6925 - 112th Circle N., #101	
CITY-ST-ZIP	Largo, Florida 34643	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1253 Park Street	
CITY-ST-ZIP	Clearwater, Florida 33756	
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
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

Date

Daytime Phone #

5/25/00

727-443-3281

CR2E034 (9/99)