

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90002 020 ***150.00

DOCUMENT # J83392
1. Entity Name
CUMMINS PROPERTIES, INC.

Principal Place of Business 4400 Biscayne Boulevard Miami, Florida 33137 Attn: Carole I. Amster	Mailing Address 4400 Biscayne Boulevard Miami, Florida 33137 Attn: Carole I. Amster
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

A0031081

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2834714	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Gillespie, Carol J. 4400 Biscayne Boulevard Miami, Florida 33137	
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 _____ (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	President and Director Beier, Thomas E. 4400 Biscayne Boulevard Miami, Florida 33137	<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		<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	Treasurer Siegel, Jordan 4400 Biscayne Boulevard Miami, Florida 33137	<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	Secretary and Director Gillespie, Carol J. 4400 Biscayne Boulevard Miami, Florida 33137	<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		<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	Assistant Secretary Nation, Marianne Hurd 4400 Biscayne Boulevard Miami, Florida 33137	<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: *Carol J. Gillespie* **Carol J. Gillespie** **3/10/00** **305-575-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

CHECK REQUEST

#J83372
A0031081

DIVISION Cummins Properties, Inc.

March 6, 2000

ONE TIME ONLY VENDOR INFORMATION	PAY TO VENDOR NAME	
	Florida Department of State	
	VENDOR ADDRESS	
	PAY TO - CITY/STATE/ZIP	

DETAILS	Filing 2000 Uniform Business Report
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COMPANY	ACCOUNT #	COST CENTER	PROJECT	AMOUNT
IVAX Corporation	62100-900860			150.00

PRICE OK
CIA
PAY OK CS

INVOICE TOTAL	150.00
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INFORMATION TO APPEAR ON CHECK

AFTER PAYMENT RETURN:

TO CAROLE I. AMSTER

☐ PAID BILL ☒ CHECK

REF. _____