2000 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2000 8:00 am Secretary of State DOCUMENT # **K17424** 1. Entity Name BOTANICA DEVELOPMENT ASSOCIATES, INC. 02-14-2000 90176 027 ***158.75 Mailing Address Principal Place of Business 240 CRANDON BLVD. 240 CRANDON BLVD. SUITE 100 212 SUITE 🖝 그기그 IVWAIGHTY KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149-1543 2. Principal Place of Business 3. Mailing Address CRANDIN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #212 Applied For City & State 4. FEI Number 65-0040325 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name KIENE, H. JOSEPH J Street Address (P.O. Box Number is Not Acceptable) 240 CRANDON BLVD. SUITE 202 **KEY BISCAYNE FL 33149** 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition DPT ☐ Change ☐ Delete TITLE TITLE SCHARENBERG, FRITZ E NAME STREET ADDRESS STREET ADDRESS 101 CRANDON BLVD., S-175 CITY-ST-ZIP CITY-ST-7IP **KEY BISCAYNE FL 33149** EXECUTIVE VILL PRESIDENT & Change Addition TITLE ☐ Delete TITLE NAME KIENE, H. JOSEPH NAME STREET ADDRESS STREET ADDRESS 240 CRANDON BLVD #202 CITY-ST-ZIP - -KEY BISCAYNE FL 33149~ CITY-ST-ZIP VICE PRESIDENT ☐ Delete TITLE TITLE ELLEN BLASI ZYO CRANDO. NAME NAME STREET ADDRESS STREET ADDRESS 1 BISCATUL FL 33/49 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

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

SIGNATURE:

lucaruches?

JAN 12, 2000

FILED

305.361-274

Daytime Phone #