

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K44430

1. Entity Name
SOUTH MIAMI-62ND PLACE, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90002 026 ***150.00

Principal Place of Business
50 W MASHTA DRIVE
SUITE 5
KEY BISCAYNE FL 33149

Mailing Address
641 S. MASHTA DR
KEY BISCAYNE FL 33149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0085699

Applied For
Not Applicable

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

~~COBER CORPORATE AGENTS INC~~
~~2601 SO. BAYSHORE DRIVE~~
~~49TH FL~~
~~MIAMI FL 33133~~

Name I EDWARD LONDON

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

50 W MASHTA DR, #2

City Key Biscayne

FL

Zip Code 33149

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 *I EDWARD LONDON* I EDWARD LONDON 2/18/01
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, 2001 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 DP
STREET ADDRESS LONDON, I. EDWARD
CITY-ST-ZIP 50 W. MASHTA DR
KEY BISCAYNE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME DVP
STREET ADDRESS MORALES, OSCAR
CITY-ST-ZIP 7300 SW 62ND PL, 4TH FLR
SOUTH MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME DS
STREET ADDRESS HIRSCH, NATHAN
CITY-ST-ZIP 7300 SW 62ND PL, 3RD FL
S. MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME DT
STREET ADDRESS SAMIMY, JEAN B.
CITY-ST-ZIP 7300 SW 62ND PL, 3RD FL
S. MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another life empowered.

SIGNATURE: *I EDWARD LONDON* I. EDWARD LONDON 2/18/01 305-361-9720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0186300

CR2E034 (10/00)