

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K45669

1. Entity Name

Thirty Second Corporation

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90113 041 ***150.00

UUU33481

Principal Place of Business Mailing Address
400 Golden Isles Drive 400 Golden Isles Drive
Suite 59 Suite 59
Hallandale, Fl 33009 Hallandale, Fl. 33009

2. Principal Place of Business 3. Mailing Address
3600 N.W. 37 Court 3600 N.W. 37 Court
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, Florida Miami, Florida
Zip Zip
33142 33142
Country Country
US US

4. FEI Number 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

Brummer, Florence
400 Golden Isles Drive
Suite 59
Hallandale, Florida 33009

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3600 N.W. 37 Court
City, State, Zip Code
Miami, Florida FL

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

TITLE P
NAME Brummer, Florence
STREET ADDRESS 4000 Golden Isles Drive, #59
CITY-ST-ZIP Miami, Florida 33142

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Brummer, Florence
STREET ADDRESS 3600 N.W. 37 Court
CITY-ST-ZIP Miami, Florida 33142

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 11-2000 - 305 6338184
Date Daytime Phone #

CR2E034 (9/99)