

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L65455

1. Entity Name

PROPERTY IMPROVEMENTS INC.

FILED

Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90094 038 ***158.75

Principal Place of Business

Mailing Address

350 N. SEABOARD ROAD
MIAMI FL 33169

350 N. SEABOARD ROAD
MIAMI FL 33169-5922

00001010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0183973

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAVAN, DANIEL JR.
350 N SEABOARD ROAD
MIAMI FL 33169

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	LAVAN, DANIEL	1320 N.W. 174TH ST.	MIAMI FL 33169	<input type="checkbox"/>	<input type="checkbox"/>
VP	IVERY, KENNETH	20382 N.W. 36AVE	MIAMI FL 33056	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Daniel Lavan Sr.	8126 NW 162 St.	Miami Fla. 33016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Carolyn Lavan	8126 NW 162 St.	Miami Fla. 33016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Daniel Lavan Sr.	8126 NW 162 St.	Miami Fla. 33016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Carolyn Lavan	8126 NW 162 St.	Miami Fla. 33016	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: Daniel Lavan Sr. 1-4-00 (305) 651-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #