

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02702

1. Entity Name

MIAMI DIVER II, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90039 028 ***150.00

Principal Place of Business

3621 NE 1 CT
MIAMI FL 33137
US

Mailing Address

3621 NE 1 CT
MIAMI FL 33137
US

2. Principal Place of Business

2994 N. MIAMI AVE.

Suite, Apt. #, etc.

3. Mailing Address

2994 N. MIAMI AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-2428420

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

ZELS, CAROLE
1950 N HIBISCUS DR.
NORTH MIAMI FL 33181

Name

KEVIN S. PETERS

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

2994 N. MIAMI AVE.

City

MIAMI

FL

Zip Code

33127

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

1/30/01

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 D
NAME ZELS, CAROLE
STREET ADDRESS 1950 N HIBISCUS DR.
CITY-ST-ZIP N. MIAMI FL ☒ Delete

TITLE P
NAME PETERS, KEVIN
STREET ADDRESS 2419 GULFSTREAM LANE
CITY-ST-ZIP LAUDERDALE ISLES FL 33312 ☐ Delete

TITLE ST
NAME KATHLEEN BUSCHER
STREET ADDRESS 13155 IXORA CT., APT 507
CITY-ST-ZIP N. MIAMI FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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

TITLE D
NAME ZELS, THOMAS
STREET ADDRESS 1950 N. HIBISCUS DR.
CITY-ST-ZIP N. MIAMI. FL 33181 ☐ Change ☒ Addition

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

305-571-9700

Daytime Phone #

CR2E034 (10/00)