2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90118 030 ***150.00

DOCUMENT # M17536

1. Entity Name

676 APARTMENTS CORPORATION

Principal Place of Business	Mailing Address
676 SW 2ND STREET MIAMI FL 33130 US	8801 NW ~~153 TERR~~ ~~MIAMI FL 33016~~

A00000001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	16621 NW 77th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc. N
City & State	City & State Miami Fla.
Zip / Country	Zip 33016 / Country USA

4. FEI Number 59-2548208 ☐ 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
PAZ, MARTA 16621 N.W. 77TH PLACE MIAMI FL 33016	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, 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 / STREET ADDRESS / CITY-ST-ZIP	P PAZ, ORLANDO 16621 N.W. 77TH PLACE MIAMI FL 33016	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Marta N. Paz (Treasurer) 4/16/01 305-231-6117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone# 305-725-5134

CR2E034 (10/00)