

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M33499

1. Entity Name

SQUARE ONE ASSOCIATES, INC.

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90059 039 ***150.00

Principal Place of Business

Mailing Address

SUNSET DR.

6075 SUNSET DR.

MIAMI FL 33143

201

S. MIAMI FL 33116-5539

US

2. Principal Place of Business

2 NE 40 STREET

3. Mailing Address

P.O. Box 165639

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL.

Zip

33137

Country

USA

Zip

33116-5639

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0040656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROSSMAN, JEROME
6075 SUNSET DRIVE
SUITE 201
S. MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

JEROME GROSSMAN

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

2 N.E. 40 STREET (402)

City

MIAMI

FL

Zip Code

33137

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

JEROME GROSSMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/2000

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	PDS	<input type="checkbox"/> Delete
NAME	GROSSMAN, JEROME	
STREET ADDRESS	6075 SUNSET DR., STE. 201	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CAMACHO, SCARLETT	
STREET ADDRESS	6075 SUNSET DRIVE, SUITE 201	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VIEUX, KAREEN	
STREET ADDRESS	6075 SUNSET DRIVE, SUITE 201	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, JEROME	
STREET ADDRESS	2 N.E. 40 STREET (#402)	
CITY-ST-ZIP	MIAMI, FL. 33137	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SASSING, SCARLETT	
STREET ADDRESS	2 N.E. 40 STREET (#402)	
CITY-ST-ZIP	MIAMI, FL. 33137	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIEUX, KAREEN	
STREET ADDRESS	2 N.E. 40 STREET (#402)	
CITY-ST-ZIP	MIAMI, FL. 33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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

JEROME GROSSMAN

3/17/2000

Date

(305) 571-8300

Daytime Phone #