

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M63101

1. Entity Name

TOUCHDOWN REALTY, INC.

Principal Place of Business

6102 S.W. 58 STREET  
MIAMI FL 33143  
US

Mailing Address

P.O. BOX 014316  
MIAMI FL 33101-4316

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MCVEIGH, JAMES J  
6814 MENTONE ST  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name Joe L. Salas  
Street Address (P.O. Box Number is Not Acceptable) 6102 SW 58 Street  
City Miami FL Zip Code 33143

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

4-13-00

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	DPV			
	MCVEIGH-SALAS, DEIRDRE	6102 SW 58 ST	MIAMI FL 33143	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Deirdre McVeigh Salas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/13/00

Daytime Phone #

(305) 886-7666

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90178 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0014726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (9/99)