

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M77577

1. Entity Name

BISONTOWN CORP.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90111 049 ***150.00

Principal Place of Business

C/O CARLOS ARAZOZA & CO., PA
101 MADEIRA AVENUE
CORAL GABLES FL 33134

Mailing Address

C/O CARLOS ARAZOZA & CO., PA
101 MADEIRA AVENUE
CORAL GABLES FL 33134-4515

2. Principal Place of Business

2100 Salzedo St
Suite, Apt. #, etc.
#300

3. Mailing Address

2100 Salzedo ST
Suite, Apt. #, etc.
#300

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33134

Country

Zip

33134

Country

4. FEI Number

98-0069268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA
2100 SALZEDO ST
STE 300
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MORA, JUAN	
STREET ADDRESS	101 MADEIRA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORA, JORDI	
STREET ADDRESS	101 MADEIRA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARAZOZA, CARLOS	
STREET ADDRESS	101 MADEIRA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORA, JUAN	
STREET ADDRESS	2100 Salzedo St	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORA, JORDI	
STREET ADDRESS	2100 Salzedo ST	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARAZOZA, CARLOS	
STREET ADDRESS	2100 Salzedo St	
CITY-ST-ZIP	Coral Gables FL 33134	
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		

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/00

305-444-3223

CR2E034 (9/99)