2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N99000006453** Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** BNI OF CORAL GABLES FLORIDA, INC. 03-28-2000 90005 013 ****61.25 Mailing Address Principal Place of Business 145 MADEIRA AVENUE #310 145 MADEIRA AVENUE #310 CORAL GABLES FL 33134-4520 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 5816Z Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RAUL J. SANCHEZ DE VARONA 145 MADEIRA AVENUE #310 CORAL GABLES FL 33134 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete □ Addition TITLE TITLE NAME NAME MARTINEZ, AL STREET ADDRESS STREET ADDRESS 145 MADEIRA AVENUE #310 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☐ Addition TITLE D ☐ Delete TITLE NAME NAME FORTEZA, MAYRA STREET ADDRESS STREET ADDRESS 145 MADEIRA AVENUE #310 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BERENFELD, MARC NAME STREET ADDRESS STREET ADDRESS 145 MADEIRA AVENUE #310 CITY-ST-ZIP CiTY-ST-ZIP CORAL GABLES FL 33134 Addition TITLE D ☐ Delete TITLE ☐ Change NAME NAME STAY, JEFFREY J STREET ADDRESS STREET ADDRESS 145 MADEIRA AVENUE #310 CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33134 ☐ Delete TITLE Change Addition TITLE NAME RAUL J. SANCHEZ DE VARONA STREET ADDRESS STREET ADDRESS 145 MADEIRA AVENUE #310 CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** ☐ Delete TITLE Change ☐ Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.