

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P00000000918

1. Entity Name

64TH STREET, INC.

FILED

02 JAN -2 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

278 N. W. 107th Street
Miami, Florida 33168 (Same)

2. Principal Place of Business

3. Mailing Address

278 N. W. 107th Street

(Same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami, Florida 33168

City & State

City & State

4. FEI Number

65-1060702

Applied For

Not Applicable

Zip

Country

Dade

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHELDON B. PALLEY
1497 N. W. 7th Street
Miami, Florida 33125

Name

MARTHA JEAN

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

278 N. W. 107th Street

Miami, Florida 33168

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
President/Director
G.M. SCHWEITZER ☒ Delete
1497 N. W. 7th Street
Miami, Florida 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/Sec./Tr/Director
MARTHA JEAN ☒ Change ☒ Addition
278 N. W. 107th Street
Miami, Florida 33168

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer/D.
SHELDON B. PALLEY ☒ Delete
1497 N. W. 7th Street
Miami, Florida

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200004785242--9
-01/22/02--01003--003
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
ILS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 4, 2001

Date Daytime Phone #

CR2E034 (11/00)