

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90081 021 ***158.75

DOCUMENT # P00000037870

1. Entity Name
2000 BUSINESS, CORP.

Principal Place of Business
~~8325 NORTH WEST 66TH STREET~~
~~MIAMI FL~~

Mailing Address
~~8325 NORTH WEST 66TH STREET~~
~~MIAMI FL~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7856 NW 71 ST
 Suite, Apt. #, etc.

3. Mailing Address
8201 NW 66 ST
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0998689

Applied For
 Not Applicable

Zip
33166

Country
US

Zip
33166

Country
US

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOUREIRO, MANOEL R
~~8325 NORTH WEST 66TH STREET~~
~~MIAMI FL~~

Name

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

7856 NW 71 ST

City
MIAMI

FL

Zip Code
33166

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, 2002 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
PD LOUREIRO, MANOEL R
8325 NORTH WEST 66TH STREET
MIAMI FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
7856 NW 71 ST
MIAMI, FL 33166

TITLE
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TITLE
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 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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUREIRO, MANOEL R. **2/28/02** **305-599-0708**

Date

Daytime Phone #

CR2E034 (9/01)