

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90005 029 ***150.00

DOCUMENT # P00000054699

1. Entity Name

DADELAND VIEW APARTMENTS, INC.

Principal Place of Business

~~7950 W. FLAGLER STREET~~
~~STE 404~~
~~MIAMI FL 33144~~

Mailing Address

~~7950 W. FLAGLER STREET~~
~~STE 404~~
~~MIAMI FL 33144~~

2. Principal Place of Business

6401 SW 87 AVE

3. Mailing Address

6401 SW 87 AVE

Suite, Apt. #, etc.

#100

Suite, Apt. #, etc.

#100

City & State

Miami FL

City & State

Miami FL

Zip

33173

Country

USA

Zip

33173

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1014515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAVARRO, JOSE A

~~7950 W. FLAGLER STREET~~

~~STE 404~~

~~MIAMI FL 33144~~

7. Name and Address of New Registered Agent

Name

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

6401 SW 87 AVE

#100

City

Miami

FL

Zip Code

33173

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. ☐

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

TITLE	D	<input type="checkbox"/> Delete
NAME	NAVARRO, JOSE A	
STREET ADDRESS	7950 W. FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33144	
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
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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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6401 SW 87 AVE #100	
STREET ADDRESS	Miami FL 33173	
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		
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 like empowered.

SIGNATURE:

SENATOR JOSE A. NAVARRO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)