

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059439

1. Entity Name

CINKAT PROPERTIES I, INC.

FILED

Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90497 013 ***150.00

Principal Place of Business

1223 EAST CONCORD STREET
ORLANDO FL 32803

Mailing Address

1223 EAST CONCORD STREET
ORLANDO FL 32803

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3651657

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENITEZ, GUS R
1223 EAST CONCORD STREET
ORLANDO FL 32803

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, 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

TITLE: President / Treasurer
NAME: GUS BENITEZ
STREET ADDRESS: 1223 E. CONCORD ST.
CITY-ST-ZIP: ORLANDO FL 32803

☐ Delete

TITLE: Vice-President / Secretary
NAME: CHARLES WILLIAMS
STREET ADDRESS: 1223 E. CONCORD ST.
CITY-ST-ZIP: ORLANDO FL 32803

☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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NAME: _____
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CITY-ST-ZIP: _____

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change ☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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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 the 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 an officer like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2001 407 399 7120
Date Daytime Phone #

CR2E034 (10/00)