

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074093

1. Entity Name

CYPRESS PROPERTY HOLDINGS ONE, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90059 045 ***150.00

Principal Place of Business

C/O MARK E. BUECHELE, ESQ.
PO BOX 398555
MIAMI BEACH FL 33239-8555

Mailing Address

C/O MARK E. BUECHELE, ESQ.
PO BOX 398555
MIAMI BEACH FL 33239-8555

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

Applied For

☒ Not Applicable

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

BUECHELE, MARK E ESQ.
2620 SOUTHWEST 27TH AVENUE
MIAMI FL 33133-3005

Name

Mark E. Buechele, Esq.

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

99 Northeast 103 Street

City

Miami

FL

Zip Code

33138

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

Mark E. Buechele

Mark E. Buechele

4/27/01

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D MARK E. BUECHELE
STREET ADDRESS 99 Northeast 103 Street
CITY-ST-ZIP Miami, FL 33138

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Mark E. Buechele

Mark E. BUECHELE

4/27/01

(305) 531-5286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)