

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
 05-12-2001 90059 003 ***150.00

DOCUMENT # P00000074096

1. Entity Name

CYPRESS REDEVELOPMENT HOLDINGS ONE, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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 NE 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

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

D Mark E. Buechele
99 NE 103 Street
Miami, FL 33138

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

4/27/01

(305) 531-5286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)