

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100595

1. Entity Name

THE PROPERTY COLLECTION, INC.



FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90127 027 ***550.00

C0072824



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7875 SW 40TH STREET
STE 223
MIAMI FL 33155

7875 SW 40TH STREET
STE 223
MIAMI FL 33155

2. Principal Place of Business

7344 S.W. 48 St.

3. Mailing Address

7344 S.W. 48 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203

Suite 203

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33155

33155

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

MANICH ROSENBER & CONTRERAS LLP
255 ALHAMBRA CIRCLE STE 425
CORAL GABLES FL 33134

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PRENDES, GEORGE
7875 SW 40TH STREET STE 223
MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☒ Addition ☐
7344 S.W. 48 St Suite 203
Miami FL 33155

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-01

305-667-6060

Date

Daytime Phone #

CR2E034 (10/00)

0189192