

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114117

1. Entity Name

NETHERLANDS CORPORATION

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90056 028 ***150.00

Principal Place of Business

Mailing Address

3440 NE 192 STREET, APT. #1C
AVENTURA FL 33180

3440 NE 192 STREET, APT. #1C
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

20533 BISCAYNE BLVD

20533 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

352

352

City & State

City & State

AVENTURA FL

AVENTURA FL

Zip 33180

Country USA

Zip 33180

Country USA

4. FEI Number

65-1061794

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

SAUL, GUSTAVO S
3440 NE 192 STREET, APT. #1C
AVENTURA FL 33180

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SAUL, GUSTAVO S
STREET ADDRESS 3440 NE 192 STREET, APT. #1C
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE D
NAME SAUL, GUSTAVO S
STREET ADDRESS 20533 BISCAYNE BLVD #352
CITY-ST-ZIP AVENTURA FL 33180 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP
NAME DAISY DANNA
STREET ADDRESS 1261 95 STREET
CITY-ST-ZIP BAY HARBOR FL 33154 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO S. SAUL

2-22-01

305.466.7255

Date

Daytime Phone #

CR2E034 (10/00)