

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90144 030 ***150.00

DOCUMENT # P01000079747

1. Entity Name
690 S. DIXIE HWY., INC.



Principal Place of Business
**1550 NE MIAMI GARDENS DR., STE. 500
N. MIAMI BEACH FL 33179**

Mailing Address
**1550 NE MIAMI GARDENS DR., STE. 500
N. MIAMI BEACH FL 33179**

2. Principal Place of Business
1550 NE Miami Gardens Drive
Suite, Apt. #, etc.
Suite 200

3. Mailing Address
1550 NE Miami Gardens Drive
Suite, Apt. #, etc.
Suite 200

City & State
N. Miami Beach, FL

City & State
N. Miami Beach, FL

Zip
33179 Country
USA

Zip
33179 Country
USA

4. FEI Number
60-0000426

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DAVIDSON, RON
1550 NE MIAMI GARDENS DR., STE. 500
N. MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name
RON Davidson
Street Address (P.O. Box Number is Not Acceptable)
1550 NE Miami Gardens Drive, Suite 200
City
N. Miami Beach **FL** Zip Code
33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DAVIDSON, RON 1550 NE MIAMI GARDENS DR., STE. 500 N. MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RON Davidson 1550 NE Miami Gardens Drive, Suite 200 N. Miami Beach, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED Ron Davidson** 4/21/03 305-945-5626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)