

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/8/1

**FILED**

**May 18, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90040 028 \*\*\*150.00

**DOCUMENT # P92000003872**

1. Entity Name

**1424 COLLINS, INC.**

Principal Place of Business

Mailing Address

~~1525 W. 27TH ST.~~

~~1525 W. 27TH ST.~~

~~SUNSET II~~

~~SUNSET II~~

~~MIAMI BCH. FL 33140~~

~~MIAMI BCH. FL 33141-4536~~

~~US~~

~~US~~

**403330**

2. Principal Place of Business

3. Mailing Address

**6675 Windsor Lane**

**6675 Windsor Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**LA Gorce Island**

**LA Gorce Island**

City & State

City & State

**Miami Beach FL**

**Miami Beach FL**

Zip

Zip

**33141 U.S.A.**

**33141 U.S.A.**

4. FEI Number **65-0375127**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLASER, CLAUDIA**  
**1525 W. 27TH ST.**  
**SUNSET II**  
**MIAMI BCH. FL 33140**

**6675 Windsor Lane**  
**LA Gorce Island**  
**Miami Beach FL 33141**

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, 2000 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	DPST	<input type="checkbox"/> Delete
NAME	GLASER, CLAUDIA	
STREET ADDRESS	1525 W. 27TH ST., SUNSET II	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glaser, Claudia	
STREET ADDRESS	6675 Windsor Lane, LA Gorce Island	
CITY-ST-ZIP	Miami Beach FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)