

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90207 036 ***150.00

DOCUMENT # P93000013063

1. Entity Name

COMMUNITY DEVELOPMENT CORP. OF SOUTH FLORIDA, IN

B0086630



DO NOT WRITE IN THIS SPACE
65-0397279

Principal Place of Business Mailing Address
7200 MINDELLO ST **7200 MINDELLO ST**
CORAL GABLES FL 33143 **CORAL GABLES FL 33143-6234**
US **US**

2. Principal Place of Business 3. Mailing Address
2 GROVE ISLE DRIVE **2 GROVE ISLE DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#1508 **#1508**

City & State City & State
COCONUT GROVE FL **COCONUT GROVE FL**
 Zip Zip Country Country
33133 **33133** **USA** **USA**

4. FEI Number Applied For
NOT APPLICABLE Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
☐ ☐

6. Name and Address of Current Registered Agent
MINTZ, LAWRENCE I
7200 MINDELLO ST
CORAL GABLES FL 33143

7. Name and Address of New Registered Agent
 Name **MINTZ, LAURENCE**
 Street Address (P.O. Box Number is Not Acceptable)
2 GROVE ISLE DRIVE #1508
 City **COCONUT GROVE** **FL** Zip Code **33133**

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]* DATE **4/27/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PST	<input type="checkbox"/> Delete	TITLE	2 GROVE ISLE DRIVE #1508	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTZ, LAWRENCE		NAME		
STREET ADDRESS	7200 MINDELLO ST		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* Date **4/27/00** Daytime Phone # **305-856-8569**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)