

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037517

1. Entity Name

1001 N.W. 7TH STREET PROPERTIES, INC.

Principal Place of Business

6605 S.W. 109TH STREET
MIAMI FL 33156

Mailing Address

10800 LAKESIDE DRIVE
MIAMI FL 33156
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

10800 LAKESIDE Drive

Suite, Apt. #, etc.

City & State

Coral Gables Florida

Zip

33156

Country

USA

4. FEI Number

65-0424298

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CUTLER, H J
241 SEVILLA AVENUE
SUITE 805
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 re-appointing)

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	D	<input type="checkbox"/> Delete
NAME	SCHENKMAN, JACK	
STREET ADDRESS	6605 S.W. 109TH STREET	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHENKMAN, JOEL	
STREET ADDRESS	6605 S.W. 109TH STREET	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHENKMAN, MICHAEL	
STREET ADDRESS	6605 SOUTHWEST 109TH STREET	
CITY - ST - ZIP	MIAMI 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

Joel Schenkman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel Schenkman pres. 418-01 305 666 6221
Date Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90317 008 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)