

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000071952

1. Entity Name

BELLE HAVEN EXECUTIVE SUITES, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90002 025 ***150.00

Principal Place of Business

Mailing Address

1133 4TH STREET
SUITE 300
SARASOTA FL 34236

1133 4TH STREET
SUITE 300
SARASOTA FL 34236-4858

2. Principal Place of Business

1133 Fourth St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite 300

Sarasota, FL

34236

Sarasota



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0450368

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

SANCHEZ, ALBERT A JR.
1133 4TH STREET
SUITE 300
SARASOTA FL 34236

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 _____ (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 ☐ Delete
NAME D
STREET ADDRESS BLUMBERG, JERRY
CITY-ST-ZIP 1133 4TH STREET, SUITE 300
SARASOTA FL 34236

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SANCHEZ, ALBERT A JR
CITY-ST-ZIP 1133 4TH STREET, SUITE 300
SARASOTA FL 34236

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED Albert A. Sanchez, Jr.

Date

Daytime Phone #

941-366-1002

CR2E034 (9/99)