

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000072096

1. Entity Name

COLONADE INVESTMENT, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90191 013 ***150.00

Principal Place of Business Mailing Address
107900 Overseas Highway 107900 Overseas Highway
Key Largo, Florida 33037 Key Largo, Florida 33037

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0492265

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FIELDSTONE, RONALD R.
200 South Biscayne Boulevard
Suite 2100
Miami, Florida 33131

Name Det H. Joks, P.A.

Street Address (P.O. Box Number is Not Acceptable)
10689 N. Kendall Drive,

Suite 310

City

Miami

FL

Zip Code
33176

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

Det H. Joks Pres
Det H. Joks P.A.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-2000

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 | PD | <input type="checkbox"/> Delete |
| NAME | SCHAUPP, REINHARD | |
| STREET ADDRESS | 107900 Overseas Highway | |
| CITY-ST-ZIP | Key Largo, FL 33037 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | SCHAUPP, KARINA | |
| STREET ADDRESS | 107900 Overseas Highway | |
| CITY-ST-ZIP | Key Largo, FL 33037 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| 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:

R. Schapp Reinhard Schapp President 3-28-00 305-451-1133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number