

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055260

1. Entity Name

RETAIL INVESTMENT CONCEPTS, INC.

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

05-08-2000 90071 039 ***150.00

Principal Place of Business

Mailing Address

4675 SW 74 ST
 MIAMI FL 33143

4675 SW 74 ST
 MIAMI FL 33134-5418

2. Principal Place of Business

1 CASUARINA CONCOURSE
 Suite, Apt. #, etc.

3. Mailing Address

1 CASUARINA CONCOURSE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. FEI Number

65-0508462

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

33143

Country

USA

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

POTAMKIN, ALAN H
 4675 SW 74 ST
 MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

1 CASUARINA CONCOURSE

City

CORAL GABLES

FL

Zip Code

33143

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	D	<input type="checkbox"/> Delete
NAME	POTAMKIN, ALAN H	
STREET ADDRESS	4675 SW 74 ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	O	<input type="checkbox"/> Delete
NAME	FARR, VERONICA	
STREET ADDRESS	4675 SW 74TH ST.	
CITY-ST-ZIP	MIAMI FL 33143	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 CASUARINA CONCOURSE
STREET ADDRESS	CORAL GABLES FL 33143
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 CASUARINA CONCOURSE
STREET ADDRESS	CORAL GABLES FL 33143
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:

VERONICA FARR
 SECRETARY

Date

Daytime Phone #

CR2E034 19/99