## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P94000057020** Mar 30, 2000 8:00 am **Secretary of State** ON THE BEACH PROPERTIES, INC. 03-30-2000 90075 021 \*\*\*150.00 Mailing Address Principal Place of Business 801 N.W. 25TH AVE. 801 N.W. 25TH AVE. MIAMI FL 33125-3128 MIAM! FL 33125 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0508965 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent .... 6. Name and Address of Current Registered Agent Name CAMACHO, FELIX Street Address (P.O. Box Number is Not Acceptable) 801 N.W. 25TH AVE. **MIAMI FL 33125** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE:16 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition PTD TITLE TITLE ☐ Delete NAME NAME CAMACHO, FELIX STREET ADDRESS STREET ADDRESS 801 N.W. 25TH AVE. CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33125 Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME CAMACHO, ANA I STREET ADDRESS STREET ADDRESS 801 N.W. 25TH AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** - Change --- E Addition-TITLE - Detete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

AND TYPE OA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #