

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063158

1. Entity Name

CYNTHIA M. BIRO, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90046 038 ***150.00

Principal Place of Business

Mailing Address

7216 S. TAMiami TRAIL
SARASOTA FL 34231
US

7216 S. TAMiami TRAIL
SARASOTA FL 34231-5506
US

2. Principal Place of Business

3. Mailing Address

6528 S. TAMiami TRAIL

6528 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0524883

Applied For

Not Applicable

Zip

Country

34231

Zip

Country

34231

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

BIRO, CYNTHIA M
7216 S. TAMiami TRAIL
SARASOTA FL 34231

Name

CYNTHIA M. BIRO

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

6528 S. TAMiami TRAIL

City

SARASOTA

FL

Zip Code

34231

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 *Cynthia M. Biro* CYNTHIA M. BIRO, PRESIDENT

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

* 2/22/00
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 BIRO, CYNTHIA M
CITY-ST-ZIP 5687 COUNTRY WALK LANE
SARASOTA FL 34233

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Cynthia M. Biro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYNTHIA M. BIRO

* 2/22/00

Date

(941) 922-8337

Daytime Phone #

CR2E034 (9/99)