

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085601

1. Entity Name

AROUND THE CLOCK APPLIANCE, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90245 014 ***150.00

Principal Place of Business

Mailing Address

900 W. 49 ST.

900 W. 49 ST.

SUITE 313

SUITE 313

MIAMI FL 33012

HAIAH FL 33012-3489



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0536000

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

PLASENCIA, BELGRABE
17000 N.W. 67 AVENUE
SUITE 117
MIAMI LAKES FL 33015

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

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 PD
NAME PLASENCIA, BELGRABE
STREET ADDRESS 17000 N.W. 67 AVENUE, SUITE 117
CITY-ST-ZIP MIAMI LAKES FL 33015

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME MARRERO, SANDRA
STREET ADDRESS 220 E. 53 STREET
CITY-ST-ZIP HIALEAH FL 33013

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Belgrabe Plaseencia 4/5/00 (305) 556-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)