

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086342

1. Entity Name

CORREAWEST CORP.

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90116 040 ***150.00

Principal Place of Business

200 S BISCAYNE BLVD
STE 3150
MIAMI FL 33131
US

Mailing Address

200 S BISCAYNE BLVD
STE 3150
MIAMI FL 33131-2305
US

2. Principal Place of Business

100 S.E. 2nd Street

Suite, Apt. #, etc.

Suite 2800

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Address

100 S.E. 2nd Street

Suite, Apt. #, etc.

Suite 2800

City & State

MIAMI, FL

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0537042

Applied For

Not Applicable

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

SCHULTZ, STEVEN A
200 S BISCAYNE BLVD
STE 3150
MIAMI FL 33131

Name

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

100 S.E. 2nd Street, Suite 2800

City MIAMI

FL

Zip Code 33131

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 state 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
NAME VSTD
STREET ADDRESS SCHULTZ, STEVEN A
CITY-ST-ZIP 200 S. BISCAYNE BLVD. STE. 2410
MIAMI FL

☐ Delete

TITLE
NAME P
STREET ADDRESS BALBI, FIORELLA
CITY-ST-ZIP 2985 WENTWORTH
FT. LAUDERDALE FL 33332

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS 100 S.E. 2nd Street, Suite 2800
CITY-ST-ZIP MIAMI, FL 33131

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

305-539-8400

Daytime Phone #

CR2E034 (9/99)