

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087131

1. Entity Name
2052 CORPORATION

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90038 006 ***150.00

Principal Place of Business

11462 S.W. 87TH TERRACE
MIAMI FL 33173

Mailing Address

11462 S.W. 87TH TERRACE
MIAMI FL 33173-4218

2. Principal Place of Business

10543 SW 129 PLACE
Suite, Apt. #, etc.

3. Mailing Address

10543 SW 129 PLACE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0550250

Applied For

Not Applicable

Zip

33186-3549

Country

USA

Zip

33186-3549

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, BRENT D
801 BRICKELL AVE.
SUITE 1901
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
SALTZMAN, ROBERT N.
Street Address (P.O. Box Number is Not Acceptable)
10543 SW 129 PLACE

City MIAMI

FL

Zip Code 33186-3549

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

ROBERT SALTZMAN

Jan 20, 2000

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

TITLE	PS	<input type="checkbox"/> Delete
NAME	SALTZMAN, ARLENE	
STREET ADDRESS	11462 S.W. 87TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10543 SW 129 PLACE	
CITY-ST-ZIP	MIAMI FL 33186-3549	
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 title empowered.

SIGNATURE:

ARLENE SALTZMAN

Date

Jan 20, 2000

Daytime Phone #

305/385-2775

CR2E034 (9/99)