

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003444

1. Entity Name

LUEDECKENS FIRST PLACE APT. CORP.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90068 001 ***150.00

Principal Place of Business

Mailing Address

1127 NW 1 PL
 MIAMI FL 33128
 US

4128 W COMANCHE
 TAMPA FL 33614-5624
 US

2. Principal Place of Business

3. Mailing Address

2702 THOMAS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLLYWOOD FL

4. FEI Number

65-0637213

Applied For

Not Applicable

Zip

Country

Zip

Country

33020

U.S.

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

Name

ALBERTO F. LUEDECKENS

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

2702 THOMAS ST

City

HOLLYWOOD

FL

Zip Code

33020

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

A. F. LUEDECKENS 04/28/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete

NAME BELLO, CELSO O
 STREET ADDRESS 4122 W COMANCHE AVE
 CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PRESIDENT/SECRETARY ☒ Change ☐ Addition

NAME ALBERTO F. LUEDECKENS
 STREET ADDRESS 2702 THOMAS ST HOLLYWOOD FL 33020

TITLE V/PRESIDENT - TREASURER ☐ Change ☒ Addition

NAME MARIA ELENA LUEDECKENS
 STREET ADDRESS 2702 THOMAS ST HOLLYWOOD FL 33020

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

A. F. LUEDECKENS 04/28/2000 305 617 7447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)