

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000003444**
 1. Entity Name
Lueddeckens First Place Apts Corp

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 SEP 29 PM 3:24

Principal Place of Business Mailing Address
1127 NW 1st Pl
Miami, Fla

2. Principal Place of Business, Suite, Apt. #, etc. City & State Zip Country
4122 W. Comanche Ave
Tampa, Fla
33614 **USA**

4. FEI Number Applied For
65-0637213
 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **MARIA E. Lueddeckens**
 Street Address (P.O. Box Number is Not Acceptable)
4122 W. Comanche Ave
 City **Tampa** FL Zip Code **33614**

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 **Maria E. Lueddeckens** DATE **Sept 23/2000**
 (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000, Min. will be \$750.00
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	President	<input type="checkbox"/> Delete
NAME	MARIA E. Lueddeckens	
STREET ADDRESS	4122 W. Comanche Ave	
CITY-ST-ZIP	Tampa, Fla 33614	
TITLE	V-P	<input type="checkbox"/> Delete
NAME	Celso O. Bello	
STREET ADDRESS	4122 W. Comanche Ave	
CITY-ST-ZIP	Tampa, Fla 33614	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 like empowered.

SIGNATURE **Maria E. Lueddeckens**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813
Sept 23, 2000
886-496
 Daytime Phone #

CR2E034 (5/00)