

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90188 017 ***150.00

DOCUMENT # P95000003444

1. Entity Name
LUEDECKENS FIRST PLACE APT. CORP.

Principal Place of Business

1127 NW 1 PL
 MIAMI FL 33128
 US

Mailing Address

4122 W. COMANCHE AVE
 TAMPA FL 33614
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2702 THOMAS ST

HOLLYWOOD FL

33020

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0637213**

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

LUEDECKENS, MARIA E
 4122 COMANCHE AVENUE
 TAMPA FL 33614

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: ALBERTO F. LUEDECKENS

01-23-01

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, 2001 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: **LUEDECKENS, MARIA E**
 STREET ADDRESS: **4122 W. COMANCHE AVE**
 CITY-ST-ZIP: **TAMPA FL 33614**

TITLE: **PRESIDENT** ☒ Change ☐ Addition
 NAME: **MYRTA F. STRUP**
 STREET ADDRESS: **2702 THOMAS ST**
 CITY-ST-ZIP: **HOLLYWOOD FLA 33020**

TITLE: **VP** ☒ Delete
 NAME: **BELLO, CELSO O**
 STREET ADDRESS: **4122 W. COMANCHE AVE**
 CITY-ST-ZIP: **TAMPA FL 33614**

TITLE: **VP** ☐ Change ☒ Addition
 NAME: **ALBERTO F. LUEDECKENS**
 STREET ADDRESS: **2702 THOMAS ST**
 CITY-ST-ZIP: **HOLLYWOOD FLA 33020**

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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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

01-23-01

9549206868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BP. 305 6177447

CR2E034 (10/00)