

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007761

1. Entity Name

FIRE HOUSE 66, INCORPORATED

**FILED**  
May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90023 021 \*\*\*150.00

Principal Place of Business

~~15601 LANCE POINTE PLACE  
DAVIE FL 33331~~

Mailing Address

P.O. BOX 310205  
MIAMI FL 33231-0205

2. Principal Place of Business

800 ORANGE AV.  
SUITE, APT. #, etc.  
WALKER HAVEN

3. Mailing Address

SAME

City & State

Daytona FL 32114

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0583217

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

BRITO, LEONARDO F P.A.  
1001 BRICKELL BAY DRIVE  
#3000  
MIAMI-FL 33131

Name

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

City

FL

Zip Code

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 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	PD	<input checked="" type="checkbox"/> Delete
NAME	HUBBARD, TYRONE VICTOR	
STREET ADDRESS	15601 LANCE POINTE PLACE	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUBBARD, Tyrone Victor	
STREET ADDRESS	800 ORANGE AV.	
CITY-ST-ZIP	Daytona FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-2000 / 305 613-1052

CR2E034 (9/99)