

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049948

1. Entity Name

PLATT STREET PROPERTY, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90040 041 \*\*\*150.00

Principal Place of Business

2004 DURHAM STREET  
TAMPA FL 33605

Mailing Address

PO BOX 75393  
TAMPA FL 33675-0393

2. Principal Place of Business

901 W. PLATT

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33606

Country

USA

Zip

Country

4. FEI Number

59-3328873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, RANDELL  
315 HYDE PARK AVENUE  
TAMPA FL 33605

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	VENTO, ANTHONY A	7815 N 53RD ST TAMPA FL 33617	<input type="checkbox"/>
	D	CAPITANO, ANTOINETTE	11416 LINARBOR PLACE TEMPLE TERRACE FL 33617	<input type="checkbox"/>
	D	HELLNER, CATHERINE V	2040 BRADSHIRE DR MOBILE AL 36695	<input type="checkbox"/>
	D	VENTO, SAMUEL P	3915 WILLOWOOD DRIVE MARTINEZ GA 30907	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		19125 White Wing Pl	Tampa, FL 33647	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

02-09-00

Date

Daytime Phone #

CR2E034 (9/99)