

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058278

1. Entity Name

PIRANHA PROPERTIES, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90098 046 ***150.00

Principal Place of Business

Mailing Address

2139 UNIVERSITY DR
STE 162
CORAL SPRINGS FL 33071
US

8782 NW 21ST CT
CORAL SPRINGS FL 33071-6164

2. Principal Place of Business

7100 NW 100 Ter.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarac FL

City & State

Same

Zip

33321

Country

USA

Zip

Same

Country

4. FEI Number

65-0603376

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

HIGGINBOTHAM, SHARON
8782 NW 21ST CT
CORAL SPRINGS FL 33071

Name

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

7100 NW 100 Terrace

City

Tamarac

FL

Zip Code

33321

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

Sharon Higginbotham

3/30/00

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 HIGGINBOTHAM, SHARON
STREET ADDRESS 8782 NW 21ST CT
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Change ☐ Addition
NAME 7100 NW 100 Ter.
STREET ADDRESS Tamarac, FL 33321
CITY-ST-ZIP

TITLE V ☐ Delete
NAME BENT, DWAN
STREET ADDRESS 581 ANCHOR PT
CITY-ST-ZIP DELRAY FL 33444

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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: X

Sharon Higginbotham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)