

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083210

1. Entity Name

EXECUTIVE INNERCITY SERVICES, INC.

FILED

00 MAR 30 PM 3: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9949 N.W. 89TH AVENUE
BAY #10
MEDLEY FL 33178

Mailing Address

9949 N.W. 89TH AVENUE
BAY #10
MEDLEY FL 33178-1406

2. Principal Place of Business

6504 SW 107 Place

3. Mailing Address

6504 SW 107 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33173

Country

USA

Zip

33173

Country

USA

4. FEI Number

65-0642377

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, EDUARDO G
9949 N.W. 89TH AVENUE
BAY #10
MEDLEY FL 33178

7. Name and Address of New Registered Agent

Name

Portal Thomas J.

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

6504 SW 107 Place

City

MIAMI

FL

Zip Code

33173

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

3-6-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	PEREZ, EDUARDO G	
STREET ADDRESS	9949 N.W. 89TH AVE., BAY #10	
CITY-ST-ZIP	MEDLEY FL	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	PORTAL, THOMAS J	
STREET ADDRESS	9949 N.W. 89TH AVE., #10	
CITY-ST-ZIP	MEDLEY FL	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	PORTAL, THOMAS J	
STREET ADDRESS	9949 N.W. 89TH AVENUE BAY #10	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, EDUARDO G	
STREET ADDRESS	6504 SW 107 Place	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTAL, Thomas J	
STREET ADDRESS	6504 SW 107 Place	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 #

3-6-00

KE

CR2E034 (9/99)