

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90045 012 ***150.00

DOCUMENT # P95000090529

1. Entity Name

ABODE INVESTMENTS INC.

Principal Place of Business

Mailing Address

2100 WEST 76TH STREET
#309
HIALEAH FL 33016
US

2100 W 76TH STREET
#309
HIALEAH FL 33016-5500
US

2. Principal Place of Business

2100 W 76th STREET

3. Mailing Address

2100 W 76th STREET

Suite, Apt. #, etc.

312

Suite, Apt. #, etc.

312

City & State

HIALEAH FL

City & State

HIALEAH FL

Zip

33016

Country

USA

Zip

33016-5500

Country

USA

4. FEI Number

65-0652306

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

SMITH, GORDON W
2100 WEST 76TH STREET
STE #309
HIALEAH FL 33016

Name

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

2100 W. 76th STREET
312

City

HIALEAH

FL

Zip Code

33016

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 NAME STREET ADDRESS CITY-ST-ZIP	DTS SMITH, GORDON W 2100 WEST 76TH STREET, #309 HIALEAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSE, WAYNE B 2100 WEST 76TH STREET, #309 HIALEAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROMFIELD, FRANCISCO 2100 WEST 76TH STREET, #309 HIALEAH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2100 W. 76th STREET # 312 HIALEAH FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2100 W. 76th STREET # 312 HIALEAH FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

WAYNE B. ROSE

PRES. 4/24/2000 (305) 558-0501

Date

Daytime Phone #

CR2E034 (9/99)