

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097773

1. Entity Name
DJT #340, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90172 022 ***150.00

Principal Place of Business
3815 NORTH ARMENIA AVENUE
TAMPA FL 33607

Mailing Address
3815 NORTH ARMENIA AVENUE
TAMPA FL 33607-1305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3349891

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Spiegel & Utrera, P.A.

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

343 Almeria Ave

City

Coral Gables

FL

Zip Code

33134

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]* Attorney at Law

1/12/00

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	D	<input type="checkbox"/> Delete
NAME	SANTACRUZ, JOSE I	
STREET ADDRESS	3815 NORTH ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SANTACRUZ, THELDRA F	
STREET ADDRESS	3815 NORTH ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SANTACRUZ, DAVID J	
STREET ADDRESS	3815 NORTH ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Jose A. Santacruz	
STREET ADDRESS	3815 N. Armenia Ave.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Santacruz, Jose A.	
STREET ADDRESS	3815 N. Armenia Ave.	
CITY-ST-ZIP	Tampa, FL 33607	
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]* Theldra F Santacruz 1/10/00 (813) 876-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 8432

CR2EC34 1/9/99