

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90184 011 ***150.00

DOCUMENT # P96000037440

1. Entity Name
CAMDEN HEIGHTS, INC.

Principal Place of Business

**25 S.E. 2ND AVENUE
 SUITE 700
 MIAMI FL 33131**

Mailing Address

**25 S.E. 2ND AVENUE
 SUITE 700
 MIAMI FL 33131**

80057290



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2430 SW 9th ST

3. Mailing Address

11850 SW 72 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0672012

Applied For

Not Applicable

Zip

33136

Country

USA

Zip

33136

Country

USA

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

**GUSMAN, BRUCE
 25 S.E. 2ND AVENUE
 SUITE 700
 MIAMI FL 33131**

Name
BRUCE GUSMAN

Street Address (P.O. Box Number is Not Acceptable)
11850 SW 72 PLACE

City
Miami

FL

Zip Code
33136

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, 2001 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 ☐ Delete
 NAME **D GUSMAN, BRUCE**
 STREET ADDRESS **6145 S.W. 92ND CT. 11850 SW 72 PL.**
 CITY-ST-ZIP **MIAMI FL 33149 MIA FL 33136**

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

TITLE ☒ Delete
 NAME **D GUSMAN, ROBERT M**
 STREET ADDRESS **354 GLEN RIDGE ROAD**
 CITY-ST-ZIP **KEY BISCAYNE FL 33156**

TITLE ☒ Change ☐ Addition
 NAME **Humberto DEL VALLE**
 STREET ADDRESS **1206 NW 72 AVE**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☒ Delete
 NAME **D THAYER, JACKIE G**
 STREET ADDRESS **7490 S.W. 112TH STREET**
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

BRUCE GUSMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-26-01

Daytime Phone #

305-661-4868

CR2E034 (10/00)