

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081187

1. Entity Name

KROME PROPERTIES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90165 046 ***150.00

Principal Place of Business

Mailing Address

782 NW 42ND AVE
SUITE 430
MIAMI FL 33126
US

782 NW 42ND AVE
SUITE 430
MIAMI FL 33126-5549
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0708752

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

MEMBIELA, JOAQUIN R
782 NW 42ND AVE
SUITE 430
MIAMI FL 33126

Name

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

City

FL

Zip Code

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 PD
STREET ADDRESS GONZALEZ, ANTONIO R
CITY-ST-ZIP 16631 S.W. 90 STREET
MIAMI FL 33196 ☐ Delete

TITLE
NAME GONZALEZ, ANTONIO A. ☒ Change ☐ Addition
STREET ADDRESS 782 N.W. 42nd Ave., Ste 630
CITY-ST-ZIP Miami, FL 33126

TITLE
NAME STD
STREET ADDRESS COTO, JOSE
CITY-ST-ZIP 16631 S.W. 90 STREET
MIAMI FL 33196 ☐ Delete

TITLE
NAME 782 N.W. 42nd Ave., Ste. 630 ☒ Change ☐ Addition
STREET ADDRESS Miami, FL 33126
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
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

ANTONIO A. GONZALEZ

Date

Daytime Phone #

724.00 (305) 445-9855

CR2E034 (9/99)