

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102696

1. Entity Name

NORTH DADE INDUSTRIAL BUILDING, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90116 012 ***150.00

Principal Place of Business

351-355 NE 185TH STREET
NORTH MIAMI BEACH FL 33180
US

Mailing Address

2020 NE 163RD STREET
SUITE 300
NORTH MIAMI BEACH FL 33162-4927
US

2. Principal Place of Business

3. Mailing Address

10081 Pines Blvd.

Suite, Apt. #, etc.

Suite A

City & State

Pembroke Pines, FL

Zip

33024

Country

US



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0714255

Applied For

Not Applicable

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

~~ROGERS, NEIL S.~~
~~2020 NE 163RD STREET~~
~~SUITE 300~~
~~NORTH MIAMI BEACH FL 33162~~

Name

GARY KAMINSKY

Street Address (P.O. Box Numbers Not Acceptable)

10081 Pines Blvd.

City

Suite A.

City

Pembroke Pines FL

Zip Code

33024

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)

3/1/00

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 PDST ☐ Delete
NAME JAFFE, NORMAN S
STREET ADDRESS 18999 BISCAYNE BLVD
CITY-ST-ZIP AVENTURA FL 33180

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

TITLE VP ☐ Delete
NAME ROGERS, NEIL
STREET ADDRESS 2020 NE 163RD STREET SUITE 300
CITY-ST-ZIP AVENTURA FL 33162

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-00
Date

Daytime Phone #

CR2E034 (9/99)