

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90151 029 ***150.00

DOCUMENT # P97000006565

1. Entity Name

Complete And Reliable Property

Principal Place of Business

Mailing Address

7100 S.W. 99th Avenue
Suite, 204
Miami, FL 33173

00075251

2. Principal Place of Business

3. Mailing Address

7100 S.W. 99 Ave
Suite, Apt. #, etc.
204

7100 S.W. 99 Ave
Suite, Apt. #, etc.
204

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Miami, FL

Miami, FL

65-0728691

Not Applicable

Zip

Country

Zip

Country

33173

USA

33173

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

Carlos A. Ramirez
9745 S.W. 72nd, #211
Miami, FL 33173

Name

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

City

Carlos A. Ramirez
7100 S.W. 99th Avenue, #204
Miami FL 33173

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

Carlos A. Ramirez

5/26/2000

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
President
Carlos A. Ramirez
7100 S.W. 99 Ave, #204
Miami, FL 33173

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Gisela R. Ramirez
7100 S.W. 99 Ave, #204
Miami, FL 33173

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

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

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

5/26/2000

Date

305-598-4068

Daytime Phone #

CR2E034 (9/99)

Complete And Reliable
Property Management & Maintenance

7100 S.W. 99th Ave., Suite 204
Miami, Florida 33173

Attachment
DH# P97000006565
DOU 7/25/00

Tel.: (305) 598-4068
Fax: (305) 598-1233

July 19, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

CERTIFIED MAIL
RETURN RECEIPT
REQUESTED

RE: Document No. P97000006565

To Whom It May Concern:

This letter is in reference to the above corporation (Complete And Reliable Property Management) and my recent telephone conversation with your department.

In December of 1999 I sent in a change of address to your office along with a letter indicating that I be advised if there was a fee for this update. I never got a response to my letter. Consequently, I never received a corporate annual report for 2000 until after the deadline date. I sent in a check along with a letter of explanation. Fortunately for me I retained a copy of the letter and form that I filled out in December.(see attachment)

I am hereby resubmitting my check and the copies for review in order to update my corporate records. It is not in my control that my advise to your office in December was not recognized. That is why I am now sending this request certified mail in order to confirm date of receipt in your office and will continue to do so from now on.

Respectfully Yours


Carlos A. Ramirez

Complete And Reliable

Property Management & Maintenance

Attachment
DH#P97000006565
0007585

7100 S.W. 99th Ave., Suite 204
Miami, Florida 33173

Tel.: (305) 598-4068
Fax: (305) 598-1233

December 4, 1999

**Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500**

RE: Document No. P97000006565

To Whom It May Concern:

Please find a change of address on the above corporation (Complete And Reliable Property Management) We have moved to a new location and would appreciate it very much that you update your records.

All correspondence is to be sent to the physical address of 7100 SW 99 Avenue, Suite 204, Miami, FL 33173. Please advise if there is a fee for change of address.

Thank You,



Carlos A. Ramirez

2000 UNIFORM BUSINESS REPORT (UBR)

Attachment
DW 7525

DOCUMENT #

1. Entity Name

P97000006565

Principal Place of Business

9745 SW 72 ST
#211
MIAMI, FL 33173

Mailing Address

P.O. Box 832557
MIAMI, FL 33283

2. Principal Place of Business

7100 SW 99 Ave
Suite, Apt. #, etc.
#204

3. Mailing Address

7100 SW 99 Ave
Suite, Apt. #, etc.
#204

DO NOT WRITE IN THIS SPACE

City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-0728691	Applied For <input type="checkbox"/> Not Applicable
Zip 33173	Country USA	Zip 33173	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Carlos A. Ramirez
9745 SW 72 ST, #211
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name Carlos A. Ramirez
Street Address (P.O. Box Number is Not Applicable)
7100 SW 99 Ave
Suite #204
City Miami FL Zip Code 33173

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  Carlos A. RAMIREZ 12-4-1999

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carlos A. Ramirez 6401 SW 115 Ave MIAMI, FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gisela R. Ramirez 6401 SW 115 Ave MIAMI, FL 33173	<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 type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-1999 Date Daytime Phone #