

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007359

1. Entity Name

ERIGATA PROPERTIES, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90054 030 ***150.00

Principal Place of Business

913 NORMANDY DRIVE
MIAMI BEACH FL 33141

Mailing Address

913 NORMANDY DRIVE
MIAMI BEACH FL 33141-2927

2. Principal Place of Business

3. Mailing Address

6001 NW 153rd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#110

City & State

City & State

Miami Lakes, FL

4. FEI Number

65-0409933

Applied For

Not Applicable

Zip

Country

Zip

33014

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

WASERSTEIN, RICHARD ESQ.
913 NORMANDY DRIVE
MIAMI BEACH FL 33141

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

TITLE	DVPS	<input type="checkbox"/> Delete
NAME	WASERSTEIN, ALAN	
STREET ADDRESS	9509 HARDING AVENUE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	T	<input type="checkbox"/> Delete
NAME	WASERSTEIN, ALAN	
STREET ADDRESS	9509 HARDING AVENUE	
CITY-ST-ZIP	SURFSIDE FL 33154	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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 a power of attorney, or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/00

305-827-8373

CR2E034 (9/99)