

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054664

1. Entity Name

601-615 WASHINGTON AVE., PROPERTY, INC.

FILED

Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90110 029 \*\*\*158.75

Principal Place of Business

Mailing Address

~~291 SW 27 AVE~~  
~~2ND FLOOR~~  
~~MIAMI FL 33135~~

~~291 SW 27 AVE~~  
~~2ND FLOOR~~  
~~MIAMI FL 33135~~

2. Principal Place of Business

3. Mailing Address

2503 SW 27 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

4. FEI Number

65-0762285

Applied For

Not Applicable

Zip

Country

Zip

Country

33133

State

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

SOSTCHIN, GUILLERMO  
291 SW 27 AVE  
2ND FLOOR  
MIAMI FL 33135

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 D  
NAME SOSTCHIN, GUILLERMO  
STREET ADDRESS ~~291 SW 27 AVE, 2ND FLOOR~~  
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME 2503 SW 27 Avenue  
STREET ADDRESS Miami, FL 33133  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME GRACE VIVES  
STREET ADDRESS ~~291 SW 27TH AVE 2ND FL~~  
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME 2503 SW 27 Avenue  
STREET ADDRESS Miami, FL 33133  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

3/10/2000 (305) 854-7177

CR20034 (9/98)