

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080802

1. Entity Name

THE FLORIDA WILDSIDE, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90291 035 \*\*\*150.00

Principal Place of Business

Mailing Address

~~12540 SW 33RD ST.~~  
~~MIAMI FL 33175~~

~~12540 SW 33RD ST.~~  
~~MIAMI FL 33175-2614~~

2. Principal Place of Business

3. Mailing Address

5875 SW 27 ST.

5875 SW 27 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0828563

Applied For

Not Applicable

Zip

Country

33155

USA

Zip

Country

33155

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

~~ROYAL, KIMBERLY D~~  
~~12540 SW 33RD ST.~~  
~~MIAMI FL 33175~~

Name Reinaldo Becerra

Street Address (P.O. Box Number is Not Acceptable)  
5875 SW 27 ST.

City Miami

FL

Zip Code 33155

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 Reinaldo Becerra  
 Signature, typed or printed name of registered agent and title if applicable.

Reinaldo Becerra  
 (NOTE: Registered Agent signature required when reinstating)

1-1-2000  
 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 P ☒ Delete  
 NAME ROYAL, KIMBERLY DAWN  
 STREET ADDRESS 12540 SW 33RD ST  
 CITY-ST-ZIP MIAMI FL 33175

☐ Change ☐ Addition

TITLE VP ☐ Delete  
 NAME BECERRA, REINALDO  
 STREET ADDRESS 9300 SW 41ST  
 CITY-ST-ZIP MIAMI FL 33175

TITLE P/D ☒ Change ☐ Addition  
 NAME Becerra, Reinaldo  
 STREET ADDRESS 5875 SW 27 ST.  
 CITY-ST-ZIP Miami, Florida 33155

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
 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:

Reinaldo Becerra  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reinaldo Becerra 1-1-2000  
 Date

(953) 949-6101  
 Daytime Phone #

CP2E034 (9/99)