

2000 'UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086282

1. Entity Name

COLEMAN ENTERPRISES OF MIAMI, INC.

FILED

Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90064 007 ***150.00

Principal Place of Business

13731 VAN BUREN STREET
MIAMI FL 33176

Mailing Address

13731 VAN BUREN STREET
MIAMI FL 33176-6248

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

6. Name and Address of Current Registered Agent

BAKER, LOUISE C
13731 VAN BUREN STREET
MIAMI FL 33176

7. Name and Address of New Registered Agent

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 ☐ Delete
NAME D
STREET ADDRESS BAKER, LOUISE C
CITY-ST-ZIP 13731 VAN BUREN STREET
MIAMI FL 33176

TITLE ☐ Delete
NAME D
STREET ADDRESS HALL, MANDY C
CITY-ST-ZIP 12295 S.W. 151 ST. E209
MIAMI FL 33186

TITLE ☐ Delete
NAME D
STREET ADDRESS COLEMAN, SAMUEL L SR.
CITY-ST-ZIP 11821 S.W. 182 TERRACE
MIAMI FL 33170

TITLE ☐ Delete
NAME D
STREET ADDRESS COLEMAN, RUBIN SR.
CITY-ST-ZIP 4401 S.W. 20TH STREET #1
HOLLYWOOD FL 33023

TITLE ☐ Delete
NAME D
STREET ADDRESS HALL, FATIMA L
CITY-ST-ZIP 12295 S.W. 151 STRETT E209
MIAMI FL 33186

TITLE ☐ Delete
NAME D
STREET ADDRESS CHISM, ERNESTINE
CITY-ST-ZIP 15000 MONROE STREET
MIAMI FL 33176

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Louise C. Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/2000 305 232-0340

CR2E034 (9/99)