

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103566

1. Entity Name THREE NICKELS AND A DIME, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90002 018 ***150.00

Principal Place of Business
214 Espanola Way
Miami Beach, FL 33139

Mailing Address
214 Espanola Way
Miami Beach, FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0801108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Abraham Quesada
214 Espanola Way
Miami Beach, Florida 33139

7. Name and Address of New Registered Agent

Name

DOUGLAS D. STRATTON, ESQ.

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

407 Lincoln Road, Suite 2A

City

Miami Beach

FL

Zip Code
33139

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

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	DELETE
PD	SEGUI, CAROLINE	214 Espanola Way	Miami Beach, FL 33139	<input checked="" type="checkbox"/>
VD	QUESADA, ABRAHAM	214 Espanola Way	Miami Beach, Florida 33139	<input type="checkbox"/>
SD	SEGUI, CAROLINE	214 Espanola Way	Miami Beach, FL 33139	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P ST	QUESADA, ABRAHAM	214 Espanola Way	Miami Beach, FL 33139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

CR2E034 (9/99)