

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105511

1. Entity Name

EATON PROPERTIES, INC.**FILED**
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90047 044 ***150.00

Principal Place of Business SUITE 340 1401 BRICKELL AVE., 3RD FLOOR MIAMI FL 33131	Mailing Address SUITE 340 1401 BRICKELL AVE., 3RD FLOOR MIAMI FL 33131-3300
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2. Principal Place of Business 1401 BRICKELL AVE Suite, Apt. #, etc. SUITE 340 City & State MIAMI FL	3. Mailing Address 1401 BRICKELL AVE Suite, Apt. #, etc. SUITE 340 City & State MIAMI FL
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Zip 33131	Country USA	Zip 33131	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0859482	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, ROBERT W
~~1401 BRICKELL AVE., 3RD FLOOR~~
~~MIAMI FL 33131~~

Name	
Street Address (P.O. Box Number is Not Acceptable)	999 Brickell Avenue
Suite	1006
City	Miami FL Zip Code 33131

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 *Robert W. Stewart*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.26.00

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, WILLIAM N 1401 BRICKELL AVE., 3RD FLOOR MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1401 Brickell Av., Suite 340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENICHER, TERESA A 1401 BRICKELL AVE., 3RD FLOOR MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1401 Brickell Avenue, Suite 340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Teresa A. Penichet***TERESA A. PENICHER**

4/27/00 (305) 371-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)