

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000007909**
 1. Entity Name
1830 Professional Plaza INC.

FILED

01 SEP 24 AM 11:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1830 NW 7th suite 2000 1830 NW 7th
MIAMI FL suite 2000
33125 MIAMI FL
33125

2. Principal Place of Business 3. Mailing Address
1830 NW 7th #2000 1830 NW 7th
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2000

City & State City & State
MIAMI FL MIAMI FL

Zip Country Zip Country
33125 Dade 33125 Dade

4. FEI Number Applied For
65-0824461 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE **ac 9/27**

6. Name and Address of Current Registered Agent

Gehidy Lopez
1830 NW 7th #2000
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name **Gehidy Lopez**
 Street Address (P.O. Box Number is Not Acceptable) **1830 NW 7th #2000**
 City **MIAMI** FL Zip Code **33125**

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 **Gehidy Lopez** **Gehidy Lopez** **7/17/01**
 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, 2001 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 **P/D** **Gehidy Lopez** ☐ Delete
 NAME
 STREET ADDRESS **1830 NW 7th #2000**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
100004612381--5
-09/26/01--01016--020
******558.95 ****558.95**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
100004612381--5
-09/26/01--01016--020
******350.00 ****350.00**

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: **Gehidy Lopez** **Gehidy Lopez** **7/17/01** **(305) 298 8416**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)