

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000008083**

1. Entity Name

Nook + Cranny Property Services, Inc.

Principal Place of Business

**ONE ALHAMBRA Circle
Suite #402**

Mailing Address

**ONE ALHAMBRA Circle
Suite #402**

Coral Gables, FL 33134

Coral Gables, FL 33134

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0805665

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

**MARK DRYE
ONE ALHAMBRA Circle
Suite #402
Coral Gables, Florida 33134**

7. Name and Address of New Registered Agent

Name **MARK DRYE**

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

ONE ALHAMBRA Circle -

Suite #402

City

Coral Gables

FL

Zip Code

33134

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)

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**FILE MONTHLY 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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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TITLE

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STREET ADDRESS

CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

MARK DRYE

4/22/00

305-443-9928

Daytime Phone #

CR2E034 (9/99)

Jo C# P.98 000008083

106484

**Nook & Cranny
Property Services, Inc.**

One Alhambra Circle
Suite # 402
Coral Gables, Florida 33134
Office-305-443-8928
Fax-305-443-8929 -- Cellular-305-975-7967
E-mail: Nukncranny@aol.com

June 29, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

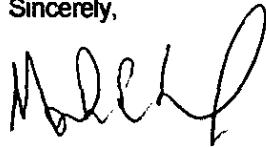
Dear Sir or Madam:

I am requesting a review of this late payment fee you are assessing my corporation. I was never notified by mail or telephone that the dues were due never notified me. After reviewing my records, I noticed that it was up renewal. I then notified your office of this by telephone and mail to send me a renewal form. I received it and then sent in my payment. I understand it was late on your terms, but I did not even know it was due. I also question why a late payment is 266.67 % higher than the actual payment due.

Please give me grace on this, this time so I can contribute this money to help the corporation grow stronger. I employee personnel and would hate to hurt the corporation and cause them to loose their jobs. You will make out more in the end by letting the Corporation flourish so taxes can be deducted from employees.

Thank you for your time and consideration on this. Please send confirmation of corporate status by sending a certificate that I already paid for.

Sincerely,



Mark Drye
President