

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
May 16, 2000 8:00 am
Secretary of State

02-21-2000 90014 012 ***150.00

DOCUMENT # P98000021944

1. Entity Name

NORTH RIVERVIEW APARTMENTS, INC.

Principal Place of Business

1629 NW NORTH RIVER DR
 MIAMI FL 33125

Mailing Address

4095 LUDLAM RD
 MIAMI FL 33155-4757

Principal Place of Business

~~4095 SW 67 AVE~~

Suite, Apt. #, etc.

City & State

~~MIAMI FL~~

Zip

~~33155~~

Country

~~USA~~

Mailing Address

~~4095 SW 67 AVE~~

Suite, Apt. #, etc.

City & State

~~MIAMI FL~~

Zip

~~33155~~

Country

~~USA~~



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0831374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, JESUS V
 4095 LUDLAM RD
 MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

~~JAY V. SUAREZ~~

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

~~4095 SW 67 AVE~~

City

~~MIAMI~~

FL

Zip Code

~~33155~~

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	DPS	<input type="checkbox"/> Delete
NAME	SUAREZ, JESUS V	
STREET ADDRESS	4095 LUDLAM RD	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

J. Suarez JESUS V. SUAREZ

Date

Daytime Phone #

2/12/00 305-661-2000

CR-10034 (9/99)