

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039160

1. Entity Name

SIDE BY SIDE INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90143 049 ***150.00

Principal Place of Business

Mailing Address

4320 N. JEFFERSON AVE.
MIAMI FL 33140

4320 N. JEFFERSON AVE.
MIAMI FL 33140-2934

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0833887

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOS, HANS
4320 N. JEFFERSON AVE.
MIAMI FL 33140

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JONKERS, EDWIN
STREET ADDRESS HERENWEG-9 WILNES 3648 CA
CITY-ST-ZIP THE NETHERLANDS ☒ Delete

TITLE D
NAME DIANA FERNANDEZ
STREET ADDRESS 4320 N. JEFFERSON AVE.
CITY-ST-ZIP MIAMI, FL 33140 ☐ Change ☒ Addition

TITLE SD
NAME BOS, HANS
STREET ADDRESS 4320 N. JEFFERSON AVE.
CITY-ST-ZIP MIAMI FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME MONIQUE CORNELISSE
STREET ADDRESS 4150 NAUTILUS DRIVE
CITY-ST-ZIP MIAMI, FLORIDA 33140 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME FRANK CORNELISSE
STREET ADDRESS 4150 NAUTILUS DRIVE
CITY-ST-ZIP MIAMI, FLORIDA 33140 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 an other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-29-2000 305-491-6842

Date

Daytime Phone #

CR2E034 (9/99)