

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047938

1. Entity Name

ROXY PROPERTIES, INC.

Principal Place of Business

2428 N.E. 184TH STREET
NORTH MIAMI BEACH FL 33160

Mailing Address

P.O. BOX 611054
NORTH MIAMI BEACH FL 33261-1054
US

2. Principal Place of Business

17813 Biscayne Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Aventura, FL

City & State

Zip

33160

Country

Usa

Zip

Country

4. FEI Number

65-0839363

Applied For

Not Applicable

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

GROSS, JARRET L
2428 N.E. 184TH STREET
NORTH MIAMI BEACH FL 33160

Name

Jarret L. Gross

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

17813 Biscayne Blvd.

City

Aventura

FL

Zip Code

33160

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	D	<input type="checkbox"/> Delete
NAME	GROSS, JARRET L	
STREET ADDRESS	P.O. BOX 611054	
CITY-ST-ZIP	NORTH MIAMI FL 33261	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSS, ROSSANNE	
STREET ADDRESS	P.O. BOX 611054	
CITY-ST-ZIP	NORTH MIAMI FL 33261-1054	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90012 042 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)