

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050104

1. Entity Name

PLATEAU OF COCOWALK INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90075 034 ***150.00

Principal Place of Business

3015 GRAND AVE
#175
COCONUT GROVE FL 33133
US

Mailing Address

1423 WASHINGTON AVE.
MIAMI BEACH FL 33139-4109

2. Principal Place of Business

3. Mailing Address

425 NW 26 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

4. FEI Number

65-0840078

Applied For

Not Applicable

Zip

Country

Zip

Country

33127

USA

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

JRP GROUP, INC.
1423 WASHINGTON AVE.
MIAMI BEACH FL 33139

Name

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

425 NW 26th St

City

MIAMI

FL

Zip Code

33127

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 ☐ Delete
NAME P
STREET ADDRESS PEREZ, JAYME R
CITY-ST-ZIP 1423 WASHINGTON AVE.
MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 425 NW 26 St
CITY-ST-ZIP MIAMI, FL 33127

TITLE ☐ Delete
NAME VS
STREET ADDRESS PEREZ, JOAD R
CITY-ST-ZIP 1423 WASHINGTON AVE
MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 425 N.W. 26 St
CITY-ST-ZIP MIAMI, FL 33127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/15/00 (305) 428-0717

CR2E034 (9/99)