

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P9800098086*

1. Entity Name

8325 N.E. 2ND AVENUE CORP.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90049 011 ***150.00

Principal Place of Business Mailing Address
c/o 209 N.E. 95th St. c/o 209 N.E. 95th St.
Room 5 Room 5
Miami Shores, FL 33138 Miami Shores, FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0878374

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

7. Name and Address of New Registered Agent

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 renouncing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW! FEES \$250.00
ANY MAY 2000 FEE INCREASE \$50.00
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
NAME GERKEN, JOHN H. ☐ Delete
STREET ADDRESS C/O 209 N.E. 95TH ST., ROOM 5
CITY-ST-ZIP MIAMI SHORES, FL 33138

TITLE D/P
NAME GERKEN, JOHN H. ☐ Change ☐ Addition
STREET ADDRESS C/O 209 N.E. 95TH ST., ROOM 5
CITY-ST-ZIP MIAMI SHORES, FL 33138

TITLE D
NAME WHITEHEAD, KATHRYN G. ☐ Delete
STREET ADDRESS 6943 S.E. 12TH CIRCLE
CITY-ST-ZIP OCALA, FL 33480

TITLE D/S
NAME WHITEHEAD, KATHRYN G. ☐ Change ☐ Addition
STREET ADDRESS 6943 S.E. 12TH CIRCLE
CITY-ST-ZIP OCALA, FL 33480

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
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 all other like empowerments.

SIGNATURE: *John H. Gerken*

John H. Gerken

5/25/00

305-759-1676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)