

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099192

1. Entity Name

23RD STREET APARTMENTS, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90023 025 ***150.00

Principal Place of Business

81 ISLAND DRIVE
KEY BISCAVNE FL 33149

Mailing Address

81 ISLAND DRIVE
KEY BISCAVNE FL 33149-2714

2. Principal Place of Business

901 Ponce de Leon Blvd
Suite, Apt. #, etc.

City & State
Orlando FL

Zip Country
32814 USA

3. Mailing Address

P.O. Box 112
Suite, Apt. #, etc.

City & State
Key Biscayne FL

Zip Country
33149 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0879574

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARREA, A.J.
81 ISLAND DRIVE
KEY BISCAVNE FL 33149

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 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 PVST
NAME LARREA, A.J.
STREET ADDRESS 81 ISLAND DRIVE
CITY-ST-ZIP KEY BISCAVNE FL 33149 ☐ Delete

TITLE D
NAME LARREA, A.J.
STREET ADDRESS 81 ISLAND DRIVE
CITY-ST-ZIP KEY BISCAVNE FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 ☐ 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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

Daytime Phone #

CR2E034 (9/99)