

2000 UNIFORM BUSINESS REPORT (UBR)

5/4

FILED
Jun 16, 2000 8:00 am
Secretary of State

05-04-2000 90156 048 ***150.00

DOCUMENT # P98000102949

1. Entity Name

2970 SW 37TH COURT, INC.

Principal Place of Business

2814 COCONUT AVENUE
COCONUT GROVE FL 33133

Mailing Address

2814 COCONUT AVENUE
COCONUT GROVE FL 33133-3725

2. Principal Place of Business

2761 West Trade Ave

Suite, Apt. #, etc.

3. Mailing Address

2761 West Trade Ave

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FL.

Zip

33133

Country

U.S.A.

City & State

COCONUT GROVE, FL.

Zip

33133

Country

U.S.A.

4. FEI Number

65-0989401

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUIS, MICHAEL A

2814 COCONUT AVENUE
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

Michael A. Luis

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

2761 West Trade Ave

City

COCONUT GROVE FL

Zip Code

33133

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.

Michael A. Luis

4-28-00

(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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD LUIS, MICHAEL A 2814 COCONUT AVENUE COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2761 West Trade Ave COCONUT GROVE, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

(305) 446-1929

Daytime Phone #