

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 06, 2000 8:00 am
Secretary of State

07-06-2000 90008 022 ***150.00

DOCUMENT # P98000104483

1. Entity Name

SUMMER KNIGHTS, INC.

Principal Place of Business

5301 S.W. 153 PLACE SOUTH
MIAMI FL 33185

Mailing Address

5301 S.W. 153 PLACE SOUTH
MIAMI FL 33185-4193

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

65-0885057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

-\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, RAFAEL
5301 S.W. 153 PLACE SOUTH
MIAMI FL 33185

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

MARCH 24 2000

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 ☐ Delete
NAME D
STREET ADDRESS ROSS, RAFAEL V
CITY-ST-ZIP 5301 S.W. 153 PLACE SOUTH
MIAMI FL 33185

TITLE ☐ Delete
NAME D
STREET ADDRESS ROSS, BRENDA S
CITY-ST-ZIP 5301 S.W. 153 PLACE SOUTH
MIAMI FL 33185

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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

DATE

DAYTIME PHONE #

MARCH 24, 2000 305-559-5857

Attachment
D# P98000104483
DW 67774

JUNE 28, 2000

TO WHOM IT MAY CONCERN:

Please Note, this
letter arrived at my
HOME THIS WEEK!

I DO NOT FEEL I SHOULD
PAY A LATE FEE FOR A
PROBLEM THAT WAS NOT OUR
FAULT.

Thank you,

R. F. Ross
Summer Knights