

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108191

1. Entity Name

NIGHT & DAY MANAGEMENT, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90204 032 ***150.00

Principal Place of Business

Mailing Address

650 WEST AVENUE, STE 2607
MIAMI BEACH FL 33139

650 WEST AVENUE, STE 2607
MIAMI BEACH FL 33139-6370

2. Principal Place of Business

3. Mailing Address

1500 Bay Rd. #1260
Suite, Apt. #, etc.

1500 Bay Rd. #1260
Suite, Apt. #, etc.

City & State

MIAMI Bch, FL

City & State

MIAMI Bch, FL

4. FEI Number

65-0892244

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

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

STEINBERG, PAUL B ESQ.
767 ARTHUR GODFREY RD
MIAMI BEACH FL 33140-3413

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DE VALCK, MICHEL
STREET ADDRESS 1800 SUNSET HARBOR DR, STE 1210
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE VD ☐ Delete
NAME CURTAT, GILLES
STREET ADDRESS 650 WEST AVENUE, STE 2607
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 reports 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 clerk 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 the address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michel De Valck 1/12/00 305-525-9831

CR2E034 (9/99)