

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **099000010818**
 1. Entity Name
SHAMROCK PROPERTIES of MIAMI, INC

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90108 041 ***150.00

Principal Place of Business
017

Mailing Address

2. Principal Place of Business

2223 Coral Way

3. Mailing Address

2223 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0895398

Applied For
 Not Applicable

Zip
33145

Country
Miami-Dade

Zip
33145

Country
Miami-Dade

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

MEYER, ROBERT C.

Name
Robert C. Meyer

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

2223 Coral Way

Miami

City

FL

Zip Code
33145

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 re-registering)

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
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
D.P. MEYER, ROBERT C.
2223 Coral Way
Miami, FL 33145

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

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
D.V.P. William Gregory
2223 Coral Way
Miami, FL 33145

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

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☐ 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 empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

City

County/Parish

4/28/00

305 285 8838