

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017076

1. Entity Name

BISCAYNE REALTY HOLDINGS II, INC.

FILED

Aug 08, 2000 8:00 am  
Secretary of State

08-08-2000 90015 025 \*\*\*550.00

Principal Place of Business

1200 BRICKELL AVENUE, 4TH FLOOR  
MIAMI FL 33131

Mailing Address

1200 BRICKELL AVENUE, 4TH FLOOR  
MIAMI FL 33131

2. Principal Place of Business

1200 Brickell Avenue

Suite, Apt. #, etc.

Suite 400

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Address

1200 Brickell Avenue

Suite, Apt. #, etc.

Suite 400

City & State

Miami, Florida

Zip

33131

Country

USA

4. FEI Number

65-0898453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBAINA, MERCEDES  
1200 BRICKELL AVENUE, 4TH FLOOR  
MIAMI FL 33131

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Carlos A. Menendez
CITY-ST-ZIP	1200 Brickell Ave, Suite 400 Miami, FL 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P., Secretary
STREET ADDRESS	Bernard L. See
CITY-ST-ZIP	1200 Brickell Avenue, Suite 400 Miami, FL 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P. Treasurer
STREET ADDRESS	Charles H. Davis
CITY-ST-ZIP	1200 Brickell Ave, Suite 400 Miami FL 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P.
STREET ADDRESS	Juan Mogen
CITY-ST-ZIP	1200 Brickell Ave, Suite 400 Miami, FL 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P.
STREET ADDRESS	Ana Domenguez
CITY-ST-ZIP	1200 Brickell Ave. Suite 400 Miami, FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Charles Davis*  
Charles Davis

8/1/00

Date

(305) 375-8442

Daytime Phone #

CR2E034 (5/00)