

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90034 019 \*\*\*150.00

**DOCUMENT # P99000028370**

1. Entity Name

**STREAMLINE PROPERTY MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

**760 E. ROAD  
 LOXAHATCHEE FL 33470**

**760 E. ROAD  
 LOXAHATCHEE FL 33470-4841**

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

**65-0907189**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

Name **AUGUST BERNOLA**

Street Address (P.O. Box Number is Not Acceptable)  
**760 E ROAD**

City **LOXAHATCHEE** FL Zip Code **33470**

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 **AUGUST BERNOLA**  
*August Bernola*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/4/00**  
 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	<input type="checkbox"/> Delete
NAME	BERNOLA, AUGUST	
STREET ADDRESS	760 EAST ROAD	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BATCHELER, SEAN R	
STREET ADDRESS	760 EAST ROAD	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	760 E RD	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	760 E RD	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *August Bernola* **AUGUST BERNOLA** **2/4/00** **561-795-3616**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)