

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000029488**

1. Entity Name

**First State Development Inc.**

Principal Place of Business

**Aventura Florida**

Mailing Address

**3060 NE 190<sup>th</sup> ST Suite #204  
Aventura FL 33180**

2. Principal Place of Business

**3060 NE 190<sup>th</sup> ST**

Suite, Apt. #, etc.

**#204**

City & State

**Aventura FL**

Zip

**33180**

Country

**US**

3. Mailing Address

**3060 NE 190<sup>th</sup> ST**

Suite, Apt. #, etc.

**#204**

City & State

**Aventura FL**

Zip

**33180**

Country

**US**

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90102 041 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0907943**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**Speiser & U. Treacy, P.A.**

**343 Almeria Ave.**

**Coral Gable FL 33134**

**Mailing Address**

**P.O. Box 144479, Coral Gables FL 33114-4479**

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 \$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	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>Ronald O. Green</b>	
STREET ADDRESS	<b>3060 NE 190<sup>th</sup> ST #204</b>	
CITY-ST-ZIP	<b>Aventura FL 33180</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>Same as Above</b>	
STREET ADDRESS	<b>Same as Above</b>	
CITY-ST-ZIP	<b>Same as Above</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Delete
NAME	<b>Same as Above</b>	
STREET ADDRESS	<b>Same as Above</b>	
CITY-ST-ZIP	<b>Same as Above</b>	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**05/31/00**

Daytime Phone #

**305-935-4887**

CR2E034 (9/99)