

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030405

1. Entity Name

TENTH ST. COMMERCE PARK, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90011 032 ***158.75

Principal Place of Business

Mailing Address

351 SOUTH CYPRESS ROAD
 SUITE 301
 POMPANO BEACH FL 33060

351 SOUTH CYPRESS ROAD
 SUITE 301
 POMPANO BEACH FL 33060-7166

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

65-0907476

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

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

HENRI M. HAGE

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

671 NW 48TH AVENUE

City

COCONUT CREEK

FL

Zip Code

33063

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 ☐ Delete
 NAME PTD
 STREET ADDRESS HAGE, HENRI
 CITY-ST-ZIP 351 SOUTH CYPRESS ROAD
 POMPANO BEACH FL 33060

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

TITLE ☐ Delete
 NAME SVD
 STREET ADDRESS SOUEID, MIKE
 CITY-ST-ZIP 351 SOUTH CYPRESS ROAD
 POMPANO BEACH FL 33060

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henri M. Hage PRESIDENT 4/26/00 (954) 783-0260

Date

Daytime Phone #

CR2E034 (9/99)