

2000 UNIFORM BUSINESS REPORT (UBR)

8/1/2000 10:00 AM

DOCUMENT # P99000037696

1. Entity Name

DEMETER HOLDINGS, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

08-24-2000 90030 048 ***550.00

Principal Place of Business

14852 SW 43RD COURT
MIAMI FL 33027

Mailing Address

14852 SW 43RD COURT
MIAMI FL 33027

P.O. Box 277922
Miramar, FL 33027-7922

2. Principal Place of Business

3. Mailing Address

P.O. Box 277922

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miramar FL

4. FEI Number

65-0920439

Applied For

Not Applicable

Zip

Country

33027-7922

USA

Zip

Country

33027-7922

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUNDERS, JAMES H
14852 SW 43RD COURT
MIAMI FL 33027

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

James H. Saunders

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-22-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, DENNIS 14852 SW 43RD COURT MIAMI FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, JAMES H 14852 SW 43RD COURT MIAMI FL 33027	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

James H. Saunders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Saunders

8-22-00

Date

Daytime Phone #

CR2E034 (5/00)