

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State
 07-20-2000 90009 004 ***150.00

DOCUMENT # P99000038400

1. Entity Name

NEEDLE IN A HAYSTACK OF CORAL GABLES, INC.

Principal Place of Business

5728 MICHELANGELO STREET
 CORAL GABLES FL 33146

Mailing Address

5728 MICHELANGELO STREET
 CORAL GABLES FL 33146

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

EIN 65-0915060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

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 **PD** ☐ Delete
 NAME **RICHARDSON, JUDITH C**
 STREET ADDRESS **5728 MICHELANGELO STREET**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **STD** ☐ Delete
 NAME **RICHARDSON, SUSAN L**
 STREET ADDRESS **5728 MICHELANGELO STREET**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

Susan L Richardson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/00

305-661-6676

CR2E034 (5/00)

To Whom It May Concern:

ATTACHMENT

7/13/00

P99000038400

B0103488

This was the first notice received. When contacting your offices I was told to mail back the form, along with the front mailing page and a check for \$150.00. Having never received this form before I was unaware of the need to mail this amount.

The fact that I only received this form in July 2000 made it impossible to return it by a May date.

I also have 2 other companies that I wish to dissolve and have waited two weeks now for the requested forms.

Thank you in advance for your assistance

Susan Richardson
305 661-6676