

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90031 035 ***150.00

DOCUMENT # P99000040325

1. Entity Name

5200 BUILDING, INC.

Principal Place of Business

5975 SUNSET DRIVE
SUITE 802
SOUTH MIAMI FL 33143

Mailing Address

5975 SUNSET DRIVE
SUITE 802
SOUTH MIAMI FL 33143-5174

2. Principal Place of Business

5200 S.W. 8th Street
Suite, Apt. #, etc.

3. Mailing Address

5975 Sunset Dr.
Suite, Apt. #, etc.
#802

City & State

Coral Gables, Florida

City & State

SOUTH MIAMI, FL

4. FEI Number

65-0917732

Applied For
Not Applicable

Zip

33134

Country

USA

Zip

33143

Country

USA

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEND, RICHARD A ESQ
5975 SUNSET DRIVE
SUITE 802
SOUTH MIAMI FL 33143

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** may be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FRIEND, RICHARD A	5975 SUNSET DRIVE, SUITE 802	SOUTH MIAMI FL 33143	<input type="checkbox"/>
D	FRIEND, MICHAEL R	2100 PONCE DE LEON BLVD, SUITE 1170	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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

Daytime Phone #

RICHARD A. FRIEND 2-7-00 305 667577