

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000040524

1. Entity Name

Biscayne 7/9 Developement Associates, Inc.

AMENDED
FILED

00 DEC 14 PM 12: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

Suntrust International Center
One Southeast Third Ave.,
Ste. #2300
Miami, FL 33131-1716

Suntrust International Center
One Southeast Third Ave.,
Suite #2300
Miami, FL 33131-1716

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

65-0922666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Intrastate Registered Agent Corporation
701 Brickell Avenue, Ste. 3000
Miami, FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME ARISON, MICKY
STREET ADDRESS 1 S.E. 3rd Ave., Suntrust Int'l Ctr.
CITY-ST-ZIP Miami, Florida 33131 Suite 2300 ☐ Delete

TITLE DVPS
NAME WOOLWORTH, ERIC S.
STREET ADDRESS 1 S.E. 3rd Ave., Suntrust Int'l Center
CITY-ST-ZIP Miami, Florida 33131 Suite 2300 ☐ Change ☒ Addition

TITLE D
NAME FRANK, HOWARD S.
STREET ADDRESS 1 S.E. 3rd Ave., Suntrust Int'l Ctr.
CITY-ST-ZIP Miami, Florida 33131 Suite 2300 ☐ Delete

TITLE VPT
NAME SCHULMAN, SAMUEL D.
STREET ADDRESS 1 S.E. 3rd Ave., Suntrust Int'l Center
CITY-ST-ZIP Miami, Florida 33131 Suite 2300 ☐ Change ☒ Addition

TITLE D
NAME CROSS, L. JAY
STREET ADDRESS 1 S.E. 3rd Ave., Suntrust Int'l Ctr.
CITY-ST-ZIP Miami, Florida 33131 Suite 2300 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003505901-2
-12/19/00-01062-008
*****61.25 *****61.25
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 a name like or similar.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/00
Date

786-177-4009
Daytime Phone #

SP