

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046560

1. Entity Name

LAS PALMAS INVESTMENTS, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90003 009 ***150.00

Principal Place of Business

168 SE 1ST STREET, STE. 704
MIAMI FL 33131

Mailing Address

168 SE 1ST STREET, STE. 704
MIAMI FL 33131-1423

2. Principal Place of Business

168 SE 1ST STREET

3. Mailing Address

P.O. Box 110223

Suite, Apt. #, etc.

Suite 802

Suite, Apt. #, etc.

Suite 802

City & State

Miami FL

City & State

Miami FL

4. FEI Number

650921748

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33111

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, JEFFREY
168 SE 1ST STREET, STE. 704
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Sherman Jeffrey
Street Address (P.O. Box Number is Not Acceptable)
168 SE 1st Street
Suite 802
City Miami FL Zip Code 33131

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHERMAN, JEFFREY	
STREET ADDRESS	168 SE 1ST STREET, STE. 704	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	P	<input type="checkbox"/> Delete
NAME	Bryon Sherman	
STREET ADDRESS	168 SE 1st Street, suite 802	
CITY-ST-ZIP	Miami FL 33131	
TITLE	S	<input type="checkbox"/> Delete
NAME	Berta Sherman	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director, Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey Sherman	
STREET ADDRESS	168 SE 1st Street #802	
CITY-ST-ZIP	Miami FL 33131	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bryon Sherman	
STREET ADDRESS	168 SE 1st Street #802	
CITY-ST-ZIP	Miami FL 33131	
TITLE	Secretary, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berta Sherman	
STREET ADDRESS	168 SE 1st Street #802	
CITY-ST-ZIP	Miami FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)