

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052265

1. Entity Name

ANTILLA APARTMENTS CORPORATION

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90021 017 \*\*\*150.00

Principal Place of Business

Mailing Address

323 FLUVIA AVENUE  
 CORAL GABLES FL 33134

323 FLUVIA AVENUE  
 CORAL GABLES FL 33134-7315

2. Principal Place of Business

3. Mailing Address

PO Box 140309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 C. GABLES FL.

4. FEI Number

65-0931264

Applied For

Not Applicable

Zip

Country

Zip

Country

33114

USA.

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CORREA, JOSE D.  
 323 FLUVIA AVENUE  
 CORAL GABLES FL 33134

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*Christina*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

456-0020  
 Daytime Phone #

CR2E034 (9/99)

ANTILLA APARTMENTS CORP.  
REAL ESTATE INVESTMENTS

March 31, 2000

401341

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Information Requested for Reference # P99000052265

Doc #

Title: President  
Name: Correa, Jose D.  
Address: 323 Fluvia Ave.  
Coral Gables, FL 33134

Title: Secretary, Treasurer  
Name: Celestrin, Elizabeth  
Address: 323 Fluvia Ave.  
Coral Gables, FL 33134

