

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052484

1. Entity Name

ENCLAVE OF COCONUT GROVE, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90186 025 ***150.00

Principal Place of Business

Mailing Address

545 MICHIGAN AVE.
SUITE 1
MIAMI BEACH FL 33139

545 MICHIGAN AVE.
SUITE 1
MIAMI BEACH FL 33139-6327

00075120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

Name

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

City

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOLDSTEIN, LEROY
545 MICHIGAN AVE. SUITE 1
MIAMI BEACH FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LEROY GOLDSTEIN
6108A N/W 26ST
SUNRISE FL 33313

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BIBILONIA, JORGE
545 MICHIGAN AVE. SUITE 1
MIAMI BEACH FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JORGE BIBILONIA
595 N/W 96ST
MIAMI SHORES FL 33138

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 687, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)