

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90010 039 \*\*\*150.00

C0100373

DO NOT WRITE IN THIS SPACE

DOCUMENT # **999000055311**  
 1. Entity Name **Glenlivet of Florida, Inc**

Principal Place of Business  
**BRICKELL KEY DRIVE #802**  
**MIAMI FL 33131**

Mailing Address  
**801 BRICKELL KEY DRIVE #802**  
**MIAMI FL 33131-2649**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number ☒ Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**Vazquez, Gerardo ESQ**  
**601 Brickell Key Drive**  
**St. 802**  
**Miami, FL 33131**

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 \_\_\_\_\_ (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 WITH FEES \$150.00**  
**AND MAY 15, 2000**  
**IN ORDER TO REINSTATE**

10. 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 |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|       |                            |                                        |                        |                                                                              |
|-------|----------------------------|----------------------------------------|------------------------|------------------------------------------------------------------------------|
| TITLE | NAME                       | STREET ADDRESS                         | CITY-ST-ZIP            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|       | <b>P D Eugenio De Lugo</b> | <b>601 Brickell Key Drive, St. 802</b> | <b>Miami, FL 33131</b> |                                                                              |
| TITLE | NAME                       | STREET ADDRESS                         | CITY-ST-ZIP            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|       | <b>Gerardo A. Vazquez</b>  | <b>601 Brickell Key Drive, St. 802</b> | <b>Miami, FL 33131</b> |                                                                              |
| TITLE | NAME                       | STREET ADDRESS                         | CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE | NAME                       | STREET ADDRESS                         | CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE | NAME                       | STREET ADDRESS                         | CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

**5/1/00 371-2004**