

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057153

1. Entity Name

1415 16TH STREET, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90029 015 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O THOMAS M. PARKER  
100 S.E. 2ND STREET, 17TH FLOOR  
MIAMI FL 33131

C/O THOMAS M. PARKER  
100 S.E. 2ND STREET, 17TH FLOOR  
MIAMI FL 33131-2158



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

40 THOMAS M. PARKER

40 THOMAS PARKER

Suite, Apt. #, etc. 1415 16th St #4

Suite, Apt. #, etc. 1415 16th St, #4

City & State MIAMI BEACH FL

City & State MIAMI BEACH FL

Zip 33139

Country USA

Zip 33139

Country USA

4. FEI Number

65-0928928

Applied For

Not Applicable

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

PARKER, THOMAS M  
100 S.E. 2ND STREET, 17TH FLOOR  
MIAMI FL 33131

Name THOMAS M. PARKER

Street Address (P.O. Box Number is Not Acceptable) 1415 16th Street, #4

City MIAMI BEACH FL Zip Code 33139

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 PRESIDENT, DIRECTOR ☐ Delete  
NAME THOMAS M. PARKER  
STREET ADDRESS 1415 16th St, #4  
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE J. MICHAEL PENNEKAMP ☐ Delete  
NAME VP, Director  
STREET ADDRESS 100 SE 2nd St, 18th Fl  
CITY-ST-ZIP MIAMI FL 33131

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

TITLE VP, Director ☐ Delete  
NAME ERIC BUNTHER  
STREET ADDRESS 1415 16th St, #1  
CITY-ST-ZIP MIAMI BEACH, FL 33139

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

TITLE S, VP, DIRECTOR ☐ Delete  
NAME LANCE GELLEN  
STREET ADDRESS 520 DRUMM KEN DR #305  
CITY-ST-ZIP MIAMI, FL 33131

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

THOMAS M. PARKER, pres.

Date

Daytime Phone #

CR2E034 (9/99)