

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071863

1. Entity Name

ALL-STARS AT MIAMI LAKES, INC.

FILED

Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90003 046 ***150.00

Principal Place of Business

Mailing Address

C/O MANUEL M. ARVESU, P.A.
2121 PONCE DE LEON BLVD., SUITE 920
CORAL GABLES FL 33134

C/O MANUEL M. ARVESU, P.A.
2121 PONCE DE LEON BLVD., SUITE 920
CORAL GABLES FL 33134-5218

2. Principal Place of Business

3. Mailing Address

8830 Coral Way
Suite, Apt. #, etc.

201 Ananabra Circle
Suite, Apt. #, etc.

City & State

Miami, FL

Zip 33165

Country

City & State

Coral Gables, FL

Zip 33134

Country

4. FEI Number

65 0959382

☒ 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

ARVESU, MANUEL M ESQ
2121 PONCE DE LEON BLVD., SUITE 920
CORAL GABLES FL 33134

Name

Arvesu, Manuel M.

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

201 Ananabra Circle
Suite-502

City

Coral Gables

FL

Zip Code

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PIWKO, ENRIQUE	
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 920	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SALES, LAWRENCE	
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 920	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8830 Coral Way	
CITY-ST-ZIP	Miami FL 33165	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8830 Coral Way	
CITY-ST-ZIP	Miami FL 33165	
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

LAWRENCE SALAS

Date

4/28/00

Daytime Phone #

CR2E034 (9/99)