

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077615

1. Entity Name
SUNNY ISLE 183, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90100 016 ***550.00

Principal Place of Business

18200 N.W. 20TH AVE.
NORTH MIAMI FL 33056

Mailing Address

18200 N.W. 20TH AVE.
NORTH MIAMI FL 33056

2. Principal Place of Business

18200 NW 20TH AVE

Suite, Apt. #, etc.

3. Mailing Address

6065 NW 167TH ST.

Suite, Apt. #, etc.

B 3

City & State

NORTH MIAMI FL

City & State

MIAMI, FL

Zip

33056

Country

USA

Zip

33015

Country

USA

4. FEI Number

65-0944797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPATZ, CARL A
3400 S.W. 3RD AVE.
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

GARY CEDENO

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

6065 NW 167TH ST

MIAMI

City

FL

Zip Code

33015

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE ☐ Delete
NAME D
ST. ELMO COWAN, DELROY
STREET ADDRESS 19500 ST. ANDREWS DR.
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

DELROY COWAN - 8/11/00 (305) 828-7000

CR2E034 (5/00)