

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91164 023 ***158.75

DOCUMENT # P99000078012

1. Entity Name

SOLIVITA AT POINCIANA FOOD & BEVERAGE, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

201 Alhambra Circle

3. Mailing Address

PO BOX 026000

Suite, Apt. #, etc.
12th Floor

Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State
Miami, FL

4. FEI Number

65-0948727

Applied For
☐ Not Applicable

Zip
33134

Country

Zip
33102

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

Name

Kerrigan, Juanita I.

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

201 Alhambra Circle

12th Floor

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!!
After MAY 1, 2001
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	<input type="checkbox"/> Delete
PD	Cohen, Harold	201 Alhambra Cir., 12th Floor	Coral Gables, FL 33134	<input type="checkbox"/>
VT	McNairy, Charles	201 Alhambra Cir., 12th Floor	Coral Gables, FL 33134	<input type="checkbox"/>
VS	Kerrigan, Juanita I.	201 Alhambra Circle, 12th Floor	Coral Gables, FL 33134	<input type="checkbox"/>
V	Corners, John	201 Alhambra Circle, 12th Floor	Coral Gables, FL 33134	<input type="checkbox"/>
D	Fels, Jonathan	201 Alhambra Circle, 12th Floor	Coral Gables, FL 33134	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Juanita I. Kerrigan
VP/Sec.

4/19/01

(305) 442-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)