

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093066

1. Entity Name

SPACE MARKET, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90062 039 ***150.00

Principal Place of Business

Mailing Address

3011 S.W. 1 AVENUE APT. 9
 MIAMI FL 33129

3011 S.W. 1 AVENUE APT. 9
 MIAMI FL 33129-2755

2. Principal Place of Business

3. Mailing Address

1000 PONCE DE LEON

1000 PONCE DE LEON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 110

SUITE 110

City & State

City & State

CORAL GABLES, FL

CORAL GABLES, FL

Zip

Country

Zip

Country

33134

33134

4. FEL Number

Applied For

05-0956333

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

CEBALLOS, HORACIO
 3011 S.W. 1 AVENUE APT. 9
 MIAMI FL 33129

Name CEBALLOS, HORACIO

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

1000 PONCE DE LEON, SUITE 110
 CORAL GABLES

City

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
 NAME CEBALLOS, HORACIO
 STREET ADDRESS 3011 S.W. 1 AVENUE APT. 9
 CITY-ST-ZIP MIAMI FL 33129

TITLE PD
 NAME CEBALLOS, HORACIO
 STREET ADDRESS 1000 PONCE DE LEON, SUITE 110
 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE SD
 NAME CIGENA, ANA BERNARDA
 STREET ADDRESS 3011 S.W. 1 AVENUE APT. 9
 CITY-ST-ZIP MIAMI FL 33129

TITLE SD
 NAME CIGENA, ANA BERNARDA
 STREET ADDRESS 1000 PONCE DE LEON, SUITE 110
 CITY-ST-ZIP CORAL GABLES, FL 33134

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 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 or other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-2000

305-648 2411

Date

Daytime Phone #

CR2E034 (9/99)