

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095606

1. Entity Name

LAND DEVELOPMENT OF SOUTH FLORIDA FLORIA, INC.

Principal Place of Business

19231 NW 88 COURT
HIALEAH FL 33015

Mailing Address

19231 NW 88 COURT
HIALEAH FL 33018-6243

2. Principal Place of Business

8906 NW 194 Terrace

3. Mailing Address

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

4. FEI Number

65-0957860

Applied For

Not Applicable

Zip
33018

Country

Zip

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

ARMADA, JOSE
19231 NW 88 COURT
HIALEAH FL 33015

Name

Jose Armada Sr.

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

8906 NW 194 Terrace

City

Miami

FL

Zip Code
33018

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]

Jose Armada Sr.

4/5/00

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.

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\$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

D
ARMADA, JOSE
19231 NW 88 COURT
HIALEAH FL 33015

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
DIRECTOR ARMADA Sr 4/5/00
Director

Date

Daytime Phone #

305-633-4322



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)