

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097925

1. Entity Name

NOVA 82ND STREET CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90101 010 ***150.00

Principal Place of Business

Mailing Address

4770 BISCAYNE BLVD., SUITE 1410
 MIAMI FL 33131

4770 BISCAYNE BLVD., SUITE 1410
 MIAMI FL 33137-3251

2. Principal Place of Business

3. Mailing Address

P.O. Box 43-2720

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 SOUTH MIAMI, FL

4. FEI Number

65-0962794

Applied For

Not Applicable

Zip

Country

Zip
 33243-2720

Country

US

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

JOYCE, RICHARD F III
 9555 N. KENDALL DRIVE
 SUITE 200-101
 MIAMI FL 33176

Name

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

SUITE 101

City

FL

Zip Code

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	P	<input type="checkbox"/> Delete
NAME	CABRERA, EMILIO JR	
STREET ADDRESS	4770 BISCAYNE BLVD., SUITE 1410	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CABRERA, HILDA I	
STREET ADDRESS	4770 BISCAYNE BLVD., SUITE 1410	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
CITY-ST-ZIP	33137	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33137	
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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

HILDA I. CABRERA

Date

Daytime Phone #

4/7/2000 (305) 576-3110