

2000 UNIFORM BUSINESS REPORT (UBR)

3

DOCUMENT # P99000098624

1. Entity Name

COLLINS BEACH CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

03-24-2000 90108 015 ***150.00

Principal Place of Business

16400 COLLINS AVENUE APT. 2541
NORTH MIAMI BEACH FL 33160

Mailing Address

16400 COLLINS AVENUE APT. 2541
NORTH MIAMI BEACH FL 33160-4583

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0959595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JORDAN, ARTURO CP
999 PONCE DE LEON BLVD.
#715
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
ROVITO, OSCAR

Street Address (P.O. Box Number is Not Acceptable)
675 N.W. 97 STREET

City
MIAMI

FL Zip Code
33150-1652

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 then applicable.

OSCAR ROVITO

3/21/00

(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

TITLE PD
NAME FONTEVECCHIA, ALBERTO G ☐ Delete
STREET ADDRESS 16400 COLLINS AVENUE APT. 2541
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE SVDT
NAME FONTEVECCHIA, NELVA E ☐ Delete
STREET ADDRESS 16400 COLLINS AVENUE APT. 2541
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME FONTEVECCHIA, ALBERTO G ☒ Change ☐ Addition
STREET ADDRESS 16400 COLLINS AVENUE APT. 2541
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE S
NAME FONTEVECCHIA, NELVA E ☒ Change ☐ Addition
STREET ADDRESS 16400 COLLINS AVENUE APT. 2541
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE P-
NAME ROVITO, OSCAR ☐ Change ☒ Addition
STREET ADDRESS 675 N.W. 97 TH STREET
CITY-ST-ZIP MIAMI, FL 33150-1652

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

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

TITLE
NAME ☐ Change ☐ Addition
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

3/21/00

Date

305-757-5677

Daytime Phone #

CR2E034 (9/99)