

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State
 07-07-2000 90402 034 ***558.75

DOCUMENT # ~~990000023017~~ **PA 06009976**
1. Entity Name
 Hummingbird Estates, Inc.
P9900099976 ✓

Principal Place of Business
Mailing Address

2. Principal Place of Business
 14425 Country Walk Dr.
 Suite, Apt. #, etc.

3. Mailing Address
 c/o Elliott Harris
 Suite, Apt. #, etc.
 111 SW 3rd St., 6th Flr

City & State
 Miami, FL

City & State
 Miami, FL

Zip
 33186

Country
 USA

Zip
 33130

Country
 USA

4. FEI Number
 65-0961578

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Elliott Harris
 111 SW 3rd Street
 6th Floor
 Miami, FL 33130

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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. ☐ **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 PTD	NAME Pedro Garcia-Carrillo <input type="checkbox"/> Delete
STREET ADDRESS 14425 Country Walk Dr.	
CITY-ST-ZIP Miami, FL 33186	
TITLE PSD	NAME Kenneth D. Goldring <input type="checkbox"/> Delete
STREET ADDRESS 14425 Country Walk Dr.	
CITY-ST-ZIP Miami, FL 33186	
TITLE AS	NAME Elliott Harris <input type="checkbox"/> Delete
STREET ADDRESS 111 SW 3rd St., 6th Floor	
CITY-ST-ZIP Miami, FL 33130	
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> 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:  **Elliott Harris, Asst. Secty** **305/358-0146**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00067388

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)