

2000 UNIFORM BUSINESS REPORT (UBR)

3/3

DOCUMENT # P99000102555

1. Entity Name,

LANDSTAR INVESTMENTS MWS 51, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-03-2000 90270 042 ***150.00

Principal Place of Business

Mailing Address

550 BILTMORE WAY #1120
CORAL GABLES FL 33134

550 BILTMORE WAY #1120
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

550 Biltmore Way

550 Biltmore Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 1110

SUITE # 1110

City & State

City & State

CORAL GABLES FL

CORAL GABLES FL

Zip

Country

Zip

Country

33134

USA

33134

USA

4. FEI Number

65-0964932

Applied For

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Joseph J. Weisenfeld

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

550 Biltmore Way Suite #1120

City

Coral Gables

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, type 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	STERN, RODOLFO	
STREET ADDRESS	550 BILTMORE WAY #1110	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HORWITZ, ROBERTO	
STREET ADDRESS	550 BILTMORE WAY #1110	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SERVIANSKY, DAVID	
STREET ADDRESS	550 BILTMORE WAY #1110	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	STERN, EDUARDO	
STREET ADDRESS	550 BILTMORE WAY #1110	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	ECKSTEIN, BERNARD	
STREET ADDRESS	550 BILTMORE WAY #1110	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODOLFO STERN
PRES.

Date

Daytime Phone #

2/11/00 305-461-2440

CR2E034 (9/99)