

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S14844

1. Entity Name

EMBASSY SQUARE, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90100 014 ***150.00

Principal Place of Business

Mailing Address

7990 S.W. 117TH AVE
MIAMI FL 33183
US

7990 S.W. 117TH AVE
MIAMI FL 33183-3845
US

2. Principal Place of Business

3. Mailing Address

2499 Provence Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Weston, Florida

Zip

Country

Zip

Country

33307

WA

4. FEI Number

65-0228175

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

MIZELI, LORI
7990 S.W. 117TH AVE
MIAMI FL 33183

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.
(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GROSSMAN, PHYLLIS	7990 SW 117 AVE	MIAMI FL 33183	<input type="checkbox"/>
DVPS	CASTRO, ANTONIO J	7990 SW 117 AVE	MIAMI FL 33183	<input checked="" type="checkbox"/>
VPT	MIZELS, LORI	7990 SW 117 AVE	MIAMI FL 33183	<input type="checkbox"/>
VP	GROSSMAN, WILLIAM	7990 SW 117 AVE	MIAMI FL 33183	<input type="checkbox"/>
VP	GETELMAN, KAREN	5298 LINDLEY AVENUE	ENCINO CA 91316-3518	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
		2499 Provence Circle	Weston, FLORIDA 33307	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/00 (954) 389-4652

CR2E034 (9/99)