

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91188 001 ***158.75

00070250

DO NOT WRITE IN THIS SPACE

DOCUMENT # S70438

1. Entity Name

SCHENECTADY HOLDINGS, INC.

Principal Place of Business

**2121 PONCE DE LEON BLVD
 STE 240
 CORAL GABLES, FL 33134**

Mailing Address

**2121 PONCE DE LEON BLVD
 STE 240
 CORAL, GABLES, FL 3134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0378617

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

**PRATS, GABRIEL
 2121 PONCE DE LEON BLVD., STE 240
 CORAL GABLES, FL 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, 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!!
 After MAY 1, 2001
 Make Check Payable**

**FEE IS \$150.00
 Fee will be \$550.00
 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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **DE LEON, FRANCISCO**
 CITY-STATE-ZIP **701 BRICKELL AVE, STE 850**
MIAMI, FL

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

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **DE DAVIS, MARITZA**
 CITY-STATE-ZIP **701 BRICKELL AVE., STE 850**
MIAMI, FL

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

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **TULIPANO, MARIA ALEJANDRO**
 CITY-STATE-ZIP **701 BRICKELL AVE, STE 850**
MIAMI, FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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

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TITLE ☐ Delete
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 CITY-STATE-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for
 indicated or this report or supplemental report is true and accurate and that m
 of the corporation or the receiver or trustee empowered to execute this report a
 changed, or on an attachment with an address, with all other like empowered.

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
 signature shall have the same legal effect as if made under oath; that I am an officer or director
 required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

DIRECTOR

Date

Daytime Phone #

5-16-01

CR2E034 (11/00)