

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S70989

1. Entity Name

HOUNDSLAKE PROPERTIES, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90086 036 ***158.75

Principal Place of Business

Mailing Address

~~280 W CANTON AVE~~
~~SUITE 105~~
~~WINTER PARK FL 32789~~
~~US~~

~~280 W CANTON AVE~~
~~SUITE 105~~
~~WINTER PARK FL 32751-4156~~
~~US~~

2. Principal Place of Business

3. Mailing Address

2603 Maitland Center
Suite B
City & State
Maitland FL
Zip
32751
Country
Orange

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Suite B
City & State
Maitland FL
Zip
32751
Country
Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3079248

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

RIVELLI, ADELE C.
~~280 W. CANTON AVENUE~~
~~SUITE 105~~
~~WINTER PARK FL 32789~~

Adele C. Rivelli
2603 Maitland Center
Suite B
City
Maitland
State
FL
Zip Code
32751

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

Adele Rivelli

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/29/00

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
	D <i>PAES</i>			
	RIVELLI, ADELE C.			
	2061 HOUNDS LAKE DR			
	WINTER PARK FL			
			<i>32792</i>	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

Adele Rivelli

DATE

Daytime Phone #

2/29/00 *659-0120*

CR2E034 (9/99)