

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V37056

1. Entity Name

CODE 1, INC.

Principal Place of Business

Mailing Address

7175 NW 87 AVE
MIAMI FL 33178
US

7175 NW 87 AVE
MIAMI FL 33178-1505
US

2. Principal Place of Business

3. Mailing Address

1600 NW 93rd Ave

14152 SW 152 ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33172

USA

33196

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTANA, BRIGITTE
7175 NW 87 AVE
MIAMI FL 33178

Name

Brigitte Santana

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

14152 SW 152 ct

City

Miami

FL

Zip Code

33196

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
PST
SANTANA, BRIGITTE
7175 NW 87 AVE
MIAMI FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
Brigitte T. Santana
14152 SW 152 ct
Miami, FL 33196 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Brigitte T. Santana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/00

Date

305-477-8600

Daytime Phone #

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90289 002 ***150.00

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DO NOT WRITE IN THIS SPACE