

# 2000 UNIFORM BUSINESS REPORT (UBR)

021597

DOCUMENT # **V45748**

1. Entity Name

**BON TON REAL ESTATE, INC.**

APPROVED  
AND  
FILED

00 FEB 10 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

555 JEFFERSON AVENUE  
MIAMI BEACH FL 33139  
US

Mailing Address

555 JEFFERSON AVENUE  
MIAMI BEACH FL 33139-6302  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

701 BRICKELL AVENUE

Suite, Apt. #, etc.  
SUITE 3000

City & State  
MIAMI, FLORIDA

Zip  
33131

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0353369

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESTEFAN ENTERPRISES, INC.  
555 JEFFERSON AVE  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name  
INTRASTATE REGISTERED AGENT CORPORATION  
Street Address (P.O. Box Number is Not Acceptable)  
701 BRICKELL AVENUE  
SUITE 3000  
City MIAMI FL Zip Code 33131

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, if applicable (NOTE: Registered Agent must be a resident of Florida or a corporation organized under the laws of the State of Florida.)

INTRASTATE REGISTERED AGENT CORPORATION  
BY: STEVEN H. HAGEN, VICE PRESIDENT

2/9/00  
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

TITLE	C	<input type="checkbox"/> Delete
NAME	ESTAFAN, EMILIO JR	
STREET ADDRESS	555 JEFFERSON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	ESTEFAN, GLORIA M	
STREET ADDRESS	555 JEFFERSON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	P	<input type="checkbox"/> Delete
NAME	AMADEO, FRANK	
STREET ADDRESS	555 JEFFERSON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEFAN, JR., EMILIO	
STREET ADDRESS	555 JEFFERSON AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139	
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		

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\*\*\*\*158.75 \*\*\*\*158.75

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

Date

Daytime Phone #

1/11/00

CR2E034 (9/99)