2000 UNIFORM BUSINESS REPORT (UBR)

May 02, 2000 8:00 am Secretary of State DOCUMENT # **V66429** FIFTY NINTH STREET PROPERTIES, INC. 05-02-2000 90043 018 ***150.00 Principal Place of Business Mailing Address 269 NW 7TH ST 269 NW 7 ST MIAMI FL 33136-3900 SUITE 1 00010300 MIAMI FL 33136 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0364330 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEITZEL, TED H Street Address (P.O. Box Number is Not Acceptable) 269 NW 7TH ST **SUITE 416** MIAMI FL 33136 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE WEITZEL, RANDALL I NAME NAME 269 N.W. 7TH STREET, SUITE 416 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITL F DAVIS, HORACE C NAME STREET ADDRESS STREET ADDRESS 269 NW 7TH ST CITY-ST-7IP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE NAME WEITZEL, TED H NAME STREET ADDRESS STREET ADDRESS 269 NW 7TH ST #416 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change [Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF

nation supplied with this filing does not qualify for oplemental report is true and accurate and that m

iver or trustee empowered to execute this report in with an address, with all other like empowered

13. I hereby certify that the indicated on this report on

of the corporation or the

changed, or on an atta

4-24-00

e 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

305_358-8030

Daytime Phone #