

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90127 046 ***150.00

DOCUMENT # 564828

1. Entity Name

SECTION 11 PROPERTY CORP.

Principal Place of Business

9700 SO. DIXIE HWY., #570
 MIAMI FL 33156

Mailing Address

9700 SO. DIXIE HWY., #570
 MIAMI FL 33156-2825

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0235000

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLONNA, DAVID W
9700 S DIXIE HWY
#570
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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	PTD	<input type="checkbox"/> Delete
NAME	BAILEY, GUY B.	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BAILEY, JOHN R	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	BABCOCK, MARY A	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BAILEY, PATRICIA E.	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	AS	<input type="checkbox"/> Delete
NAME	COLONNA, DAVID W.	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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: *David W. Colonna, Asst. Sec.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000

Date

305-670-0303

Daytime Phone #