

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90005 032 ***150.00

DOCUMENT # H81353

1. Entity Name

PORDEL CORPORATION

Principal Place of Business

Mailing Address

2100 WEST 76TH STREET
 #403
 HIALEAH FL 33016
 US

2100 WEST 76TH STREET
 #403
 HIALEAH FL 33016-5504
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2592015

Applied F
 Not App

Zip

Country

Zip

Country

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

PORTNOY, JOSE
2100 WEST 76TH STREET, SUITE 403
HIALEAH FL 33016

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
 Added to F...

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **DP**
PORTNOY, JOSE
 STREET ADDRESS **2100 WEST 76TH STREET, SUITE 403**
 CITY-ST-ZIP **HIALEAH FL 33016-1823**

TITLE Change *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS**
PORTNOY, JUDITH
 STREET ADDRESS **2100 WEST 76TH STREET, SUITE 403**
 CITY-ST-ZIP **HIALEAH FL 33016-1823**

TITLE Change *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT**
ALVARADO, MIGDALIA E
 STREET ADDRESS **2100 WEST 76TH STREET, SUITE 403**
 CITY-ST-ZIP **HIALEAH FL 33016-1823**

TITLE Change *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change *
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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Alvarado
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2000 (305) 231-775

Date

Daytime Phone #