2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90024 044 ***150.00

DOCUMENT # M48836

1. Entity Name

1469 N.W. CIVIC PARK PLAZA CORP.

Principal Place of Business	Mailing Address
C/O JEFFREY AC. ROTH. P.A. 1500 SAN REMO AVE. STE. 176 CORAL GABLES FL 33146	C/O JEFFREY AC. ROTH. P.A. 1500 SAN REMO AVE. STE. 176 CORAL GABLES FL 33146-3041

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: ~~1469 N.W. 17th Terr.~~	Suite, Apt. #, etc.: ~~7014 S.W. 4th St.~~
City & State: ~~Miami, Fla. 33125~~	City & State: ~~Miami, Fla. 33144~~
Zip: ~~331~~ 25 Country: Dade	Zip: 33144 Country: Dade

4. FEI Number 65-0015134 ☐ Applied For ☐ Not Applicable

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
SANTEIRO, LUIS R 7744 S.W 57 AVE MIAMI FL 33143	Name: Mr. Luis R. Santeiro Street Address (P.O. Box Number is Not Acceptable): 7014 S.W. 4th St. City: Miami,Fla. 33143 FL Zip Code: 33144

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: Luis R Santeiro 3/24/2000
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	DP FONALLEDA, JAIME 1500 SAN REMO AVE. 176 CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition OP Jaime Fonalleda 7014 S.W. 4th St. Miami, Fla
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS GAZTAMBIDE, MARIO F. 1500 SAN REMO AVE. 176 CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition DS - Mario F. Gaztambide
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT RIVERA, JOSE RAFAEL 1500 SAN REMO AVE. 176 CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition OF 7014 S.W. 4th St. Miami, Fla. Rivera Jose Rafael 7014 S.W. 4th St. Miami,Fla 33144
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A SANTEIRO, LUIS R 7744 S.W. 57TH AVE MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition A I Santeiro Luis R. 7014 S.W. 4th St. Miami, Fla. 33144
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Luis R Santeiro 2/5/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #