

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90723 002 *****8.75
03-10-2003 90723 001 ***150.00

DOCUMENT # M48836

1. Entity Name
1469 N.W. CIVIC PARK PLAZA CORP.



Principal Place of Business
**1469 N.W. 17TH TERR
MIAMI FL 33125**

Mailing Address
**444 BRICKELL AVE.
PLAZA 51 #327
MIAMI FL 33131**

2. Principal Place of Business
1469 NW 13th TERR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33125
Country

City & State
Zip
Country

4. FEI Number
65-0015134

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GAZTAMBIDE, MARIO F.
1901 BRICKELL AVE
APT. B1806
MIAMI FL 33129**

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	FONALLEDA, JAIME	
STREET ADDRESS	7014 S.W. 4TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	☐ Delete
NAME	GAZTAMBIDE, MARIO F.	
STREET ADDRESS	1500 SAN REMO AVE. 176	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	A	☐ Delete
NAME	GAZTAMBIDE, MARIO F	
STREET ADDRESS	1901 BRICKELL AVE. APT. B1806	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario F. Gatzambide 3-5-03 305-416-6646

Date

Daytime Phone #

CR2E034 (10/02)