

2000 UNIFORM BUSINESS REPORT (UBR)

03-15-2000 90047 007 ****70.00

DOCUMENT # N93000005603

1. Entity Name

UNIDAD OF MIAMI BEACH, INC.

FILED

00 AUG -4 AM 7:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1701 NORMANDY DRIVE
MIAMI BEACH FL 33141

P.O. BOX 416479
MIAMI BEACH FL 33141-8479

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0584874

Applied For

Not Applicable

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

~~BOWER, MATTI
1442 JEFFERSON AVENUE
MIAMI BEACH FL 33139~~

Name **VICTOR M. DIAZ, JR.**

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

25 W. FLAGLER ST. SUITE 800

City

MIAMI

FL

Zip Code

33130-1780

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02.06.00

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P/D	DIAZ, VICTOR M JR.	25 WEST FLAGLER, STE 800	MIAMI FL 33130	<input type="checkbox"/>
V/D	BOWER, MATTI	1442 JEFFERSON AVENUE	MIAMI BEACH FL 33139	<input checked="" type="checkbox"/>
T/D	VARELA, VICTOR	6770 INDIAN CREEK D-10	MIAMI BEACH FL 33141	<input checked="" type="checkbox"/>
V/D	CAPOTE, CARLOS	5100 ALTON ROAD	MIAMI BEACH FL 33141	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TD	Jorge Rodriguez	4755 Alton Rd.	Miami Beach, FL 33140	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Rosa Borquen	1420 Washington Ave.	Miami Beach, FL 33139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Ed Guedes	2665 S. Bayshore Dr #420	Miami Beach , FL 33133	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/99)

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 617, 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

02.06.00

DATE

(305) 358-2800

Daytime Phone

KE