

8/14/01-90008-004-\$70.00-\$70.00

8/14/

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 25 PM 1:58

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004319  
1. Entry Name  
MIAMI INTERNATIONAL BUSINESS PARK MAINTENANCE AS

Principal Place of Business Mailing Address  
2300 CORAL WAY SUITE 200 MIAMI FL 33146  
2300 CORAL WAY SUITE 200 MIAMI FL 33146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Commercial Property Group  
Suite, Apt. #, etc. 9015 N.W. 13 Terrace  
City & State MIAMI, FL  
City & State MIAMI, FL  
Zip 33170 Country U.S.A.

4. FEI Number 65-0788268 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
FLORIDA ANNUAL REPORT SERVICES, INC.  
2300 CORAL WAY  
MIAMI FL 33146

7. Name and Address of New Registered Agent  
Commercial Property Group  
Street Address (P.O. Box Number is Not Acceptable)  
9015 N.W. 13<sup>th</sup> Terr  
City MIAMI FL Zip 33170

28. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the state of Florida.  
SIGNATURE RALPH MERRITT, JR. PRESIDENT, COMMERCIAL PROP. GROUP 8/2/01

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$238.25  
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	DP	TITLE	P
NAME	LOPEZ-CANTERA, CARLOS	NAME	Ralph Merritt, Jr.
STREET ADDRESS	7415 NW 7TH STREET	STREET ADDRESS	9015 NW 13 TERRACE
CITY-ST-ZIP	MIAMI FL 33128	CITY-ST-ZIP	MIAMI, FL 33170
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	TITLE	VP
NAME	KATSIKOS, LEE	NAME	Joseph Pawley
STREET ADDRESS	7415 NW 7TH STREET	STREET ADDRESS	9015 NW 13 TERRACE
CITY-ST-ZIP	MIAMI FL 33128	CITY-ST-ZIP	MIAMI, FL 33170
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	TITLE	S
NAME	LARRIA, LINDA	NAME	Kathy Anderson
STREET ADDRESS	7415 NW 7TH STREET	STREET ADDRESS	9015 NW 13 TERRACE
CITY-ST-ZIP	MIAMI FL 33128	CITY-ST-ZIP	MIAMI, FL 33170
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	STV	TITLE	
NAME	LOPEZ-CANTERA, MONICA	NAME	
STREET ADDRESS	7415 NW 7TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33128	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 8/2/01 305-477-8100