2001	UNIF	ORM BU	SINESS	REPORT	(UBR)	

2001 U	NIFORM BUS	INESS REPO	RT (UE	3R)				
DOCUMEN 1. Entity Name	NT # P00000089	9959						
•	A PROPERTIES,	INC.				FIL	_ED	
Principal Place of Bus	siness	Mailing Address				01 MAY -	4 AM	10: 58
1492 S. I	Miami Ave., 1., 33130	SAME			T.	SECRETAR' ALLAHASS	Y OF S EE, FL	TATE ORIDA
2. Principal Place of E 8221 Con Suite, Apt. #, etc.	_	3. Mailing Address 8221 Coral Suite, Apt. #, etc.	Way		DO NOT W	RITE IN THIS SPA	ACE	
City & State		City & State		4	FEI Number		-	oplied For
Miami, F Zip 33155	Country U.S.	Miami, Fl. Zip 33155	Country U.S.	5.	65-1092107 Certificate of Status Desired		3.75 Add e Require	
55155 6. N	ame and Address of Current I		Name		Name and Address of New	Registered Age	∍nt	
1492 So.	izarbitoria, 8 Miami Ave., 1., 33130				Box Number is Not Acceptal	ole)	<u> </u>	
, , , , , , , , , , , , , , , , , , ,	,		City			FL	Zip Code	8
8. The above named	entity submits this statement for	the purpose of changing its re	gistered office	or registered a	gent, or both, in the State of	Florida.		
SIGNATURE	typed or printed name of registered agent a	sabulton for the stapping above. (NOTE: F	ngie InegA benetage	sature required when	neinstating)	5/1/ DATE	01	
	eligible to satisfy its Intangible ent and elects to do so.	FILE NOWH! Atter MAY 1 / 2004 Make Check Payable	Fee will be !	\$550.00	10. Election Campaign I Trust Fund Contribut			0 May Be I to Fees
11.	OFFICERS AND I	DIRECTORS Delete	12.	,	DDITIONS/CHANGES TO O			
STREET ADDRESS 82	RLOS CATTANEO 21 Coral Way ami Fl331	55	NAME STREET ADDRESS CATY - ST - ZIP	i		/15/010 **150.00		-024 150.00
ITLE S -	T-D ISTINA CATTAN	☐ Defete	TITLE NAME STREET ADDRESS] Change	Addition
CITY-ST-ZIP 82	21 Coral Way ami, Fl., 33	L 5 5 🗆 Delete	CITY-ST-ZEP TITLE NAME		an .	С] Change	Addition
TREET ADDRESS TTY-ST-ZIP			STREET ADDRESS City+ST-ZiP	1				
ITLE IAME ITREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP] Change	☐ Addition
TTLE LAME STREET ADDRESS	·	☐ Delete	TITLE NAME STREET ADDRESS	;] Change	Addition
aty-st-zip Tile Iame	and the second s	☐ Delete	CITY-ST-ZIP TITLE NAME		73] Change	Addition
STREET ADDRESS SITY-ST-ZIP	at the information supplied with	this filling close and qualify for th	STREET AOORESS CITY-ST-ZIP	eted in Section	119.07(3)(i). Florida Statute	s, I further certify	that the in	ntormation
indicated on this re of the corporation	at the information supplied with eport or supplemental report is or the receiver or trustee empor attachment with an address, w	true and accurate and that my wered to execute this report as						
SIGNATURE:	SIGNATURE AND TYPED OR BRI	NTED NAME OF SIGNING OFFICER OR	RECTOR		(305) <u>374-34</u>	3.4	annon namenakakan sininin poli digi nya de	
	STATE OF THE STATE OF THE				- at ti	(150 vi 150		