FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

2. Principal Place of Business

P02000039577

1. Entity Name

CORTEZ VILLAGE, INC.



FILED Mar 04, 2003 8:00 am Secretary of State

03-04-2003 90070 039 ***158.75

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DO NOT WRITE IN THIS SPACE

3. Mailing Address

1130 Washingt	on Avenue	1130 Washingt	on Avenue			
Suite, Apt. #, etc. 4th Floor		Suite, Apt. #, etc. 4th Floor		DO NOT WRITE	IN THIS	SPACE
City & State		City & State		4. FEI Number		Applied For
Miami Beach, FL		Miami Beach, FL		01-0662980	<u>1</u>	Not Applicable
Zip 33139	Country USA	Zip 33139	Country	5. Certificate of Status Desired	ХX	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

	Name and Address of Current Re	gistered A	Agent
Name McDonoug	gh, Brian J.	•	
Street Address (F	P.O. Box Number is Not Acceptable)		
150 West	: Flagler Street		
^{Ci} Miami		FL	Zip §39F30

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.

CICNIATUDE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

maxe Check	Payable to Florida Department of State		
10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Saland, Robert 1130 Washington Ave., 4th Floor Miami Beach, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Rojo, Francisco 1130 Washington Ave., 4th Floor Miami Beach, FL 33139	TITLE NAME STREET ADDRESS CITY ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET AOORESS CITY-ST-ZIP	

12. Thereby 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 on an attachment with an address; with all other-like empowered.

SIGNATURE: VICE PRESI

2 25 03 (SOL) 538-9572,

CR2E034B (12/02)