

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90010 001 \*\*\*550.00

00058350

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000067872  
 1. Entity Name

REDWOOD PROPERTIES, INC.

Principal Place of Business Mailing Address  
 7727 SW 86 St., #409 7727 SW 86 St., #409  
 Miami, FL 33143 Miami, FL 33143

2. Principal Place of Business 3. Mailing Address  
 7727 SW 86 St., #409 7727 SW 86 St., #409

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Miami, FL Miami, FL

Zip Country Zip Country  
 33143 USA 33143 USA

4. FEI Number Applied For  
 65-0697448 Not Applicable

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

**6. Name and Address of Current Registered Agent**

Muñiz, Carlos-A.  
 7727 SW 86 St., #409  
 Miami, FL 33143

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	S	<input type="checkbox"/> Delete
NAME	Muñiz, Carlos A.	
STREET ADDRESS	7727 SW 86 St., #409	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	P	<input type="checkbox"/> Delete
NAME	Muñiz, Cano J.J.	
STREET ADDRESS	7727 SW 86 St., #409	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	V	<input type="checkbox"/> Delete
NAME	Muñiz, Cira S.	
STREET ADDRESS	7727 SW 86 St., #409	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	Muñiz, Maria E.	
STREET ADDRESS	7727 SW 86 St., #409	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos A. Muñiz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-2000

(305) 442-3494

Date Daytime Phone #

CR2E034 (9/99)