2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **P97000047856** CARANA HOUSING INVESTMENT CORP. 01-18-2000 90159 016 ***150.00 Principal Place of Business Mailing Address 4408 NW 93 DORAL STREET 4408 NW 93 DORAL STREET MIAMI FL 33178-2059 MIAMI FL 33178 2. Principal Place of Business . . 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 65-0756290 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTIR, ARMANDO Street Address (P.O. Box Number is Not Acceptable) 4408 NW 93 DORAL STREET **MIAMI FL 33178** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible -10.-Election Campaign Financing-\$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/99) **PSD** Change ☐ Addition ☐ Delete TITLE TITLE MATIR, CARLOS NAME NAME STREET ADDRESS 4408 NW 93 DORAL STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** ☐ Addition ☐ Delete TITLE ☐ Change TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-STbtion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with this filing does not qualify for the exemple. Thereby certify that the imprimation supplied with this liming does not quality for the exemplifier state in Section 119.07(3)(1), Fortida Statutes: Further than the important indicated on this report is troplemental 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 of 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 nt with an address, with all other like empowered. aclos MARTIR 1-10-00 305-594-1801

FILED