

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90170 013 ***150.00

DOCUMENT # P98000023041

1. Entity Name

FLORIDA SYSTEM K, CORPORATION

Principal Place of Business

Mailing Address

3400 CORAL WAY
 STE 600
 MIAMI FL 33149

3400 CORAL WAY
 STE 600
 MIAMI FL 33145-3053

2. Principal Place of Business

5755 W. Flagler St

3. Mailing Address

Suite, Apt. #, etc.

211

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33144

Country

Zip

Country

4. FEI Number

65-0820364

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERRERA, JOSE RODOLFO
3400 CORAL WAY
STE 600
MIAMI FL 33145

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Delete
 NAME **PSD**
HERRERA, JOSE RODOLFO
 STREET ADDRESS **10001 E COUNTRY CLUB, BLOCK 2, APT 104**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS *3008 N.E 210 ST*
 CITY-ST-ZIP *AVENTURE FL 33180*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose R. Herrera

Date

4/10/00

Daytime Phone #

(305) 446-2055

CR2E094 (9/99)