

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90122 048 ***150.00

DOCUMENT # P98000104255

1. Entity Name
CONCORD APARTMENTS, INC.

Principal Place of Business 5401 COLLINS AVENUE UNIT NO. 519 MIAMI BEACH FL 33140	Mailing Address 5401 COLLINS AVENUE UNIT NO. 519 MIAMI BEACH FL 33140-2573
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0886638	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

VARGAS, ROSA E
5401 COLLINS AVENUE
UNIT NO. 519
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name: **GUSTAVO MARTINEZ**
 Street Address (P.O. Box Number is Not Acceptable):
5401 COLLINS AVE. UNIT N° 519
 City: **MIAMI BEACH** FL Zip Code: **33140**

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: *Gustavo Martinez* (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 D	<input type="checkbox"/> Delete	TITLE SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VARGAS, ROSA E		NAME KOSA E. VARGAS	
STREET ADDRESS 5401 COLLINS AVENUE		STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL 33140		CITY-ST-ZIP	
TITLE VPT	<input type="checkbox"/> Delete	TITLE PRES. TREASURE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEZ, GUSTAVO		NAME GUSTAVO MARTINEZ	
STREET ADDRESS 5401 COLLINS AVE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33140		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Gustavo Martinez* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____

CR2E034 (9/99)