

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003235

1. Entity Name
HALLANDALE CONTRACT CORP.

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

04-26-2000 90176 045 ***150.00

Principal Place of Business Mailing Address
C/O JOSE BOSCHETTI C/O JOSE BOSCHETTI
2901 SW 8TH STREET, SUITE 204 2901 SW 8TH STREET, SUITE 204
MIAMI FL 33135 MIAMI FL 33135-2850

60073747



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
65-0890104 Not Applicable

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

6. Name and Address of Current Registered Agent
MARTIN, PEDRO A ESQ.
C/O GREENBERG, TRAURIG, P.A.
1221 BRICKELL AVENUE
MIAMI FL 33131

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

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
NAME	CAYON, MAURICIO
STREET ADDRESS	2901 S.W. 8TH ST. SUITE 204
CITY-ST-ZIP	MIAMI FL 33135
TITLE	D <input type="checkbox"/> Delete
NAME	BOSCHETTI, JOSE
STREET ADDRESS	2901 S.W. 8TH ST. SUITE 204
CITY-ST-ZIP	MIAMI FL 33135
TITLE	D <input type="checkbox"/> Delete
NAME	ABELE, CHARLES R JR.
STREET ADDRESS	2901 S.W. 8TH ST. SUITE 204
CITY-ST-ZIP	MIAMI FL 33135
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
Date

305-5417150
Daytime Phone #

CR2E034 (9/99)