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## 2002 Uniform Business Report (UBR)

## Apr 10, 2002 8:00 am Secretary of State DOCUMENT # P99000040559 1. Entity Name 2331 SHOPPING CENTER INC. 04-10-2002 90465 010 \*\*\*150.00 Principal Place of Business Mailing Address 3028 N.W. 13TH ST. 3028 N.W. 13TH ST. MIAM1 FL 33125 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0918041 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \_\_\_\_\_\_ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, EVELIO Street Address (P.O. Box Number is Not Acceptable) 3028 N.W. 13TH ST. **MIAMI FL 33125** 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPV ☐ Delete TITLE Change ☐ Addition GARCIA, EVELIO NAME NAME 3028 N.W. 13TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33125 CITY-ST-ZIP TITLE ST ☐ Change ☐ Delete TITLE ☐ Addition NAME GARCIA, EVELIO NAME STREET ADDRESS 3028 N.W. 13TH STREET STREET ADDRESS CITY-ST-ZIP-MIAMI-FL-33125 -- -----CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachmen

ith all other like empowered