

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90145 045 ***550.00

A0069915



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000074068

1. Entity Name
NARUDAL, INC.

| | |
|---|---|
| Principal Place of Business 2601 S BAYSHORE DR. SUITE 1400 MIAMI FL 33133 | Mailing Address 2601 S BAYSHORE DR. SUITE 1400 MIAMI FL 33133 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

| | | | | | |
|-----|---------|-----|---------|------------------------------------|-------------------------------|
| Zip | Country | Zip | Country | 4. FEI Number 65-0943186 | Applied For Not Applicable |
|-----|---------|-----|---------|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent
GARCELL, NILDA T
2601 S BAYSHORE DR, SUITE 1400
MIAMI FL 33133

7. Name and Address of New Registered Agent
 Name **Alfredo G. Duran**
 Street Address (P.O. Box Number is Not Acceptable) **2601 So. Bayshore Dr., Suite 1400**
 City **Miami** State **FL** Zip Code **33133**

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 **Alfredo G. Duran, President** DATE **7/10/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | D CREMATA, CHELIN 2601 S BAYSHORE DR, SUITE 1400 MIAMI FL 33133 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/Pres/Sec/Treas Alfredo G. Duran 2601 So. Bayshore Dr. Miami, Fl 33133 |
| | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **Alfredo G. Duran, President** (305) 859-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CS 1014 (5/00)