

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 457171

1. Entity Name

MADRID, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90027 041 ***150.00

Principal Place of Business

2008 18TH ST.
TAMPA FL 33605

Mailing Address

2008 18TH ST.
TAMPA FL 33605-3842

2. Principal Place of Business

1527 W. Spruce St

3. Mailing Address

405 Tarrytown Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 421

City & State

Tampa, Florida 33607

City & State

White Plains, New York

Zip

Country

33607 USA

Zip

Country

10607 USA

4. FEI Number

59-1557021

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVA, ANGEL JR.
2008 18TH STREET
TAMPA FL 33601

Name

Steve Green

Street Address (P.O. Box Number is Not Acceptable)

Westport Commons Management

City

1545 Spruce Terrace

FL

Zip Code

33607

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.

Steve Green, President

3/24/2000

(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)

XX

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	PD	<input checked="" type="checkbox"/> Delete
NAME	OLIVA, ANGEL JR.	<input checked="" type="checkbox"/>
STREET ADDRESS	2008 - 18TH ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	OLIVA, JOHN E.	<input checked="" type="checkbox"/>
STREET ADDRESS	2008 - 18TH ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOHN E OLIVA JR	
STREET ADDRESS	4301 BEACH PK DR	
CITY-ST-ZIP	TAMPA FL 33609	
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	PVSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Green	
STREET ADDRESS	405 Tarrytown Road, Suite 421	
CITY-ST-ZIP	White Plains, New York 10607	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 reports 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

Steve Green, Pres. 3/24/2000 914-968-

Date

Daytime Phone #

3157

CR2E034 (9/99)