

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90150 027 \*\*\*150.00

**DOCUMENT # 624122**

1. Entity Name  
**FIGUEROA LAND DEVELOPMENT, CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O JUAN FIGUEROA, P.A., C.P.A. 2701 S. LE JENNE RD., STE 310 CORAL GABLES FL 33144 US	C/O JUAN FIGUEROA, P.A., C.P.A. 2701 S. LE JENNE RD., STE 310 CORAL GABLES FL 33134-5821 US

Principal Place of Business	3. Mailing Address
40 JUAN A. FIGUEROA PA, CPA Suite, Apt., #, etc. 2701 S. LE JENNE RD. City & State STE 310, C. GABLES, FLORIDA Zip 33134 Country USA	40 JUAN A. FIGUEROA, PA, CPA Suite, Apt., #, etc. 2701 S. LE JENNE RD. #310 City & State CORAL GABLES FL. Zip 33134 Country USA

4. FEI Number **59-2723363** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FIGUEROA, JUAN A CPA**  
**2701 S. LE JENNE RD.**  
**STE 310**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name **FIGUEROA, JUAN A. CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2701 S. LE JENNE RD., STE. 310**  
 City **CORAL GABLES FL** Zip Code **33134**

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]* DATE **1/10/00**  
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 \$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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FIGUEROA, FERNANDO 5235 SW 101 AVENUE MIAMI FL 33165</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FIGUEROA, JUAN A 2701 S. LE JENNE RD., STE. 310 CORAL GABLES FL 33134</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FIGUEROA, FERNANDO 13940 SW 106 STREET MIAMI, FLORIDA 33186</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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]* DATE: **1/10/00** DAYTIME PHONE #: **(305) 448-5844**  
Signature and typed or printed name of signing officer or director

CR2E034 (9/99)