

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90982 019 ***150.00

DOCUMENT # 647591

1. Entity Name

MARIA ELENA TORANO ASSOCIATES, INC.

Principal Place of Business

1000 BRICKELL AVENUE
 SUITE 450
 MIAMI FL 33131
 US

Mailing Address

1000 BRICKELL AVENUE
 SUITE 450
 MIAMI FL 33145-2657
 US

2. Principal Place of Business

2100 CORAL WAY

3. Mailing Address

2100 CORAL WAY

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

59-1976415

Applied For

Not Applicable

Zip

33145

Country

DADE

Zip

33145

Country

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA
900 INGRAHAM BLDG.
25 SE 2ND AVENUE
MIAMI FL 33131

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.

(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)

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	CD	<input type="checkbox"/> Delete
NAME	TORANO, MARIA ELENA	
STREET ADDRESS	3 GROVE ISLE #1710	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	 CRAVEN, CHARLES W.	
STREET ADDRESS	1337 KINGSTON AVENUE	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CHUSMIR, LEONARD	
STREET ADDRESS	3 GROVE ISLE #1710	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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:

Maria Elena Torano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00
 Date

305-860-9700
 Daytime Phone #

CR2E034 (9/99)