

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 8:00 am**
Secretary of State

03-05-2001 90005 004 ****70.00

DOCUMENT # 725558

1. Entity Name

580 BUILDING CORPORATION, INC.

Principal Place of Business

THE IMBERLAKE GROUP, INC
5050 N.W. 74TH. AVE..
MIAMI FL 33166

Mailing Address

THE IMBERLAKE GROUP, INC
5050 N.W. 74TH. AVE..
MIAMI FL 33166
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1535009

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DUGGER, ROBERT A
THE TIMBERLAKE GROUP, INC.
5050 N.W. 74TH AVE
MIAMI FL 33166

Name

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

City

FL

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

ROBERT A. DUGGER SR.**1/08/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
LEON, HERIBERTO ☐ Delete
1820 HIBISCUS DR.
N MIAMI DL 33181TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
EDUARDO, IBARRA M ☐ Delete
15012 NW 7TH AVE
MIAMI FL 33168TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CORLEY, CLYDE ☐ Delete
3712 SW 68TH WAY
MIRAMAR FL 33023TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
EDUARDO IBARRA**(305) 593-1141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)