

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90088 049 \*\*\*\*61.25

908702



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 737906**

1. Entity Name

**937 MICHIGAN TOWNHOUSES, INC.**

Principal Place of Business	Mailing Address
% RODRIGUEZ, FRANCISCO 937 MICHIGAN AVE #6 MIAMI BEACH FL 33139 US	% RODRIGUEZ, FRANCISCO 937 MICHIGAN AVE #6 MIAMI BEACH FL 33139-5311 US

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

4. FEI Number	Applied For
<b>59-1743154</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RODRIGUEZ, FRANCISCO**  
**937 MICHIGAN AVE**  
**#6**  
**MIAMI BEACH FL 33139**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	S	<input type="checkbox"/> Delete
NAME	<b>CABALLERO, ISMAEL</b>	
STREET ADDRESS	<b>937 MICHIGAN AVE. # 5</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	VT	<input type="checkbox"/> Delete
NAME	<b>OTERO, TERESA</b>	
STREET ADDRESS	<b>937 MICHIGAN AVE. # 2</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>CONTRERAS, GEORGINA</b>	
STREET ADDRESS	<b>937 MICHIGAN AVE. # 4</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, FRANCISCO</b>	
STREET ADDRESS	<b>937 MICHIGAN AVE #6</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	VS	<input type="checkbox"/> Delete
NAME	<b>INTRATOR, FLORA</b>	
STREET ADDRESS	<b>937 MICHIGAN AVE #3</b>	
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>PEREZ, OSCAR</b>	
STREET ADDRESS	<b>937 MICHIGAN AVE #1</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Francisco Rodriguez* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** (305) 532-4173  
 1-17-00  
 Date Daytime Phone #

CR2E037 (9/99)