

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762960

1. Entity Name

COMMERCIAL-CENTER-OF-MIAMI MASTER ASSOCIATION, I

Principal Place of Business

6157 NW 167 STREET
F04
HIALEAH FL 33015
US

Mailing Address

P.O. BOX 5829
HIALEAH FL 33014-1829

2. Principal Place of Business

6157 NW 167 ST, F21

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F21

City & State

MIAMI FL

City & State

4. FEI Number

65-0263110

Applied For

Not Applicable

Zip

33015

Country

MIAMI-DADE

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREDA, JOHN
7945 SW 98 TERRACE
MIAMI FL 32156

7. Name and Address of New Registered Agent

Name

CARL FRANKLIN

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

6157 NW 167 ST, F21

City

MIAMI

FL

Zip Code

33015

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

Carl E Franklin

CARL E FRANKLIN

3-31-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

DIMITRI

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PATRICIO, LISA
STREET ADDRESS 6043 NW 167 ST A-27
CITY-ST-ZIP MIAMI FL 33015 ☒ Delete

TITLE SD
NAME EDELSTEIN, ROBERT
STREET ADDRESS 6043 NW 167 ST A-26
CITY-ST-ZIP MIAMI FL 33015 ☒ Delete

TITLE TD
NAME GUIFFO, STEVE
STREET ADDRESS 6157 NW-167 STREET, F04
CITY-ST-ZIP HIALEAH FL 33015 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DIMITRI, BENEDETTO
STREET ADDRESS 6065 NW 167 ST, B11
CITY-ST-ZIP MIAMI, FL 33015 ☐ Change ☒ Addition

TITLE VPD
NAME JOHNSON, MICHAEL
STREET ADDRESS 6187 NW 167 ST, H16
CITY-ST-ZIP MIAMI, FL 33015 ☐ Change ☒ Addition

TITLE STD
NAME HAWKS, JAMES
STREET ADDRESS 6135 NW 167 ST, E9
CITY-ST-ZIP MIAMI, FL 33015 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/00

Date

305-827-7000

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE