

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 08:00 AM
Secretary of State

DOCUMENT # 768414

1. Entity Name
 ALLAPATTAH BUSINESS DEVELOPMENT AUTHORITY, INC.

Principal Place of Business 2634 NW 21 TERR MIAMI FL 33142	Mailing Address 2515 NW 20TH STREET MIAMI FL 33142
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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
59-2289231

Applied For	Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PACHECO XIOMARA
 2634 NW 21 TERR

 MIAMI FL 33142 US

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 _____ DATE **08/06/2001**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	SD RODRIGUEZ HECTOR
STREET ADDRESS	1510 NW 19 AVE # 6-116
CITY-ST-ZIP	MIAMI FL 33125
TITLE	<input type="checkbox"/> Delete
NAME	TD GARCIA HECTOR
STREET ADDRESS	10950 SW 57 TERR.
CITY-ST-ZIP	MIAMI FL 33173
TITLE	<input type="checkbox"/> Delete
NAME	D BERNAL, PETER R.
STREET ADDRESS	10940 S.W 104 AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTAÑEDA FRANK VC
STREET ADDRESS	6624 SW 95 CT.
CITY-ST-ZIP	MIAMI FL 33173
TITLE	VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA HECTOR SVT
STREET ADDRESS	10950 SW 57 TERR.
CITY-ST-ZIP	MIAMI FL 33173
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES RODOVALDO S
STREET ADDRESS	2601 NW 20 ST.
CITY-ST-ZIP	MIAMI FL 33142
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABEZAS RAFAEL T
STREET ADDRESS	12001 SW 117 AVE.
CITY-ST-ZIP	MIAMI FL 33186
TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNAL, PETER R.
STREET ADDRESS	9439 FONTAINEBLEAU BLVD., # 113
CITY-ST-ZIP	MIAMI FL 33172
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)(f), 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: Frank Castañeda VC 08/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)