

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000137

1. Entity Name

MIAMI PARK PLAZA CORP.

Principal Place of Business

AMERICAN MEDICAL PLAZA  
11880 S.W. 40TH STREET, SUITE #405  
MIAMI FL 33175  
US

Mailing Address

AMERICAN MEDICAL PLAZA  
11880 S.W. 40TH STREET, SUITE #405  
MIAMI FL 33175-3575  
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

65-0629627

Applied For

Not Applicable

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

MUDD, JOHN  
11880 S.W. 40TH STREET  
SUITE 405  
MIAMI FL 33175

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

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 VPD  
NAME SCHAEFER, PAUL  
STREET ADDRESS 11880 S.W. 40TH STREET, #405  
CITY-ST-ZIP MIAMI FL



TITLE PD  
NAME MUDD, JOHN  
STREET ADDRESS 11880 S.W. 40TH STREET, #405  
CITY-ST-ZIP MIAMI FL



TITLE STD  
NAME WIENER, A B  
STREET ADDRESS 11880 S.W. 40TH STREET, #405  
CITY-ST-ZIP MIAMI FL 33175



TITLE AS  
NAME MIRANDA, ELDA  
STREET ADDRESS 11880 S.W. 40TH STREET, #405  
CITY-ST-ZIP MIAMI FL 33175



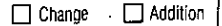
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



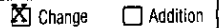
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE VP/D  
NAME Diaz, Mayra  
STREET ADDRESS 11880 Bird Road, #405  
CITY-ST-ZIP Miami, FL 33175



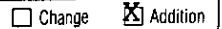
TITLE T / D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE S  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE VP/D  
NAME Lincoln, Timothy  
STREET ADDRESS 11880 Bird Road, #405  
CITY-ST-ZIP Miami, FL 33175



TITLE AS  
NAME Portal, Ana  
STREET ADDRESS 11880 Bird Road, #405  
CITY-ST-ZIP Miami, FL 33175



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:

*Elda Miranda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00 (305) 221-1900



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)