2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004032

1. Entity Name

CONSOLIDATED DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
2655 LE JEUNE RD	POB 143-557
STE 500	CORAL GABLES FL 33114
CORAL GABLES FL 33134	US
US	

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1089768 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, MASUIDAL A
2655 LE JEUNE RD
STE 500
CORAL GABLES FL 33134

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 _____
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, 2002 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 DC **NAME** CRICHTON, JACK **STREET ADDRESS** 10830 N CENRAL EXPWY, STE 175 **CITY-ST-ZIP** DALLAS TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DPST **NAME** DIAZ MASVIDAL, ALBERTO **STREET ADDRESS** 11105 SW 133 CT **CITY-ST-ZIP** MIAMI FL 33186	☐ Delete	*SAME* 2655 LE JEUNE RD, SUITE 500 CORAL GABLES, FL 33134	☑ Change ☐ Addition
TITLE CEO **NAME** DIAZ MASVIDAL, ALBERTO **STREET ADDRESS** 11105 SW 133 CT **CITY-ST-ZIP** MIAMI FL 33186	☐ Delete	*SAME* 2655 LE JEUNE RD, SUITE 500 CORAL GABLES, FL 33134	☑ Change ☐ Addition
TITLE D **NAME** DIAZ MASVIDAL, GERTRUDE **STREET ADDRESS** 11105 SW 133 CT **CITY-ST-ZIP** MIAMI FL 33186	☐ Delete	*SAME* 2655 LE JEUNE RD, SUITE 500 CORAL GABLES, FL 33134	☑ Change ☐ Addition
TITLE VS **NAME** GUTIERREZ, NICHOLAS **STREET ADDRESS** 1101 BRICKELL AVE STE 500 **CITY-ST-ZIP** MIAMI FL 33131	☐ Delete		☐ Change ☐ Addition
TITLE D **NAME** REYNALDO, ECTORE T **STREET ADDRESS** 8270 SW 31ST **CITY-ST-ZIP** MIAMI FL 33186	☐ Delete		☐ Change ☐ Addition

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: _ALBERTO DIAZ-MASVIDAL 4/22/02 (305) 461-1772_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)