

2000 UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 28, 2000 8:00 am
Secretary of State
 03-28-2000 90082 044 ***150.00

DOCUMENT # F96000005971
 1. Entity Name
JOSE MARIA REAL ESTATE CO., LTD.

Principal Place of Business % THE CHASE BANK & TRUST (C.I.) LIMITED CHASE HOUSE, GREENVILLE ST., ST. HELIER JE4 BOH. CHANNEL ISLANDS C/O CHASE MANHATTAN PRIVATE BANK & TRUST Co (Bahamas) LTD	Mailing Address % THE CHASE BANK & TRUST (C.I.) LIMITED CHASE HOUSE, GREENVILLE ST., ST. HELIER JE4 BOH. CHANNEL ISLANDS
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2. Principal Place of Business BAHAMAS FINANCIAL CENTRE	3. Mailing Address BAHAMAS FINANCIAL CENTRE
Suite, Apt. #, etc. SHIRLEY & CHARLOTTE STREETS	Suite, Apt. #, etc.
City & State NASSAU, BAHAMAS	City & State
Zip 00	Country BAHAMAS

021001



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES, INC.
100 NE THIRD AVE, SUITE 1100
FT LAUDERDALE FL 33301

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	TD WUN HOLDINGS INC. SHIRLEY AND CHARLOTTE STREETS NASSAU BAHAMAS	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEDAR HOLDINGS INC. SHIRLEY AND CHARLOTTE STREETS NASSAU BAHAMAS	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIRGO HOLDINGS INC. SHIRLEY AND CHARLOTTE STREETS NASSAU BAHAMAS	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
08-03-00 **441534 626321**
 Date Daytime Phone #

CR2E034 (9/99)