## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

NTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## **FILED** DOCUMENT # **F99000004287** May 01, 2000 8:00 am Secretary of State **ENVIRONMENTAL RESOURCE MANAGEMENT CORPORATION** 05-01-2000 90476 017 \*\*\*163.75 Principal Place of Business Mailing Address 118 ANTILLA, SUITE #8 118 ANTILLA, SUITE #8 CORAL GABLES FL 33134 CORAL GABLES FL 33134-3347 Principal Place of Business 3 Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2479842 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Name CASAS, RAMIRO 118 ANTILLA, SUITE #8 CORAL GABLES FL 33134 FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CDPT ☐ Change ☐ Addition TITLE ☐ Delete CASAS, RAMIRO A NAME STREET ADDRESS 118 ANTILLA, SUITE #8 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** ☐ Change Delete TITLE ☐ Addition TITLE FERNANDEZ, MANUEL NAME NAME STREET ADDRESS C/G #1 URB. LAS ANGELES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP YABUCOA, PR 00767 ☐ Addition ☐ Change ☐ Delete TITI F TITLE GAMBARO, BEATRIZ NAME NAME STREET ADDRESS 1201 E. PONCE DE LEON BLVD., #208 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trystee empowered Revecute his 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