

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G24303

1. Entity Name

PARK A REAL ESTATE CORP. OF MIAMI

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90077 036 \*\*\*158.75

Principal Place of Business	Mailing Address
AMERICAN MEDICAL PLAZA 11880 S.W. 40TH STREET, SUITE #405 MIAMI FL 33175 US	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 **59-2324864**

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 BIRD RD**  
**SUITE 405**  
**MIAMI FL 33175**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ (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	<input checked="" type="checkbox"/> Delete	TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAEFER, PAUL		NAME	Diaz, Mayra	
STREET ADDRESS	11880 S.W. 40TH STREET, #405		STREET ADDRESS	11880 Bird Road, #405	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami, FL 33175	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, A.B.		NAME		
STREET ADDRESS	11880 S.W. 40TH STREET, #405		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUDD, JOHN		NAME	Lincoln, Timothy	
STREET ADDRESS	11880 S.W. 40TH STREET, #405		STREET ADDRESS	11880 Bird Road, #405	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami, FL 33175	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, ELDA		NAME		
STREET ADDRESS	11880 S.W. 40TH STREET, #405		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Portal, Ana	
STREET ADDRESS			STREET ADDRESS	11880 Bird Road, #405	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33175	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 of Elda Miranda*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00

(305) 221-1900

CR2E034 (9/99)