

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90049 022 ***158.75

0277166 AV

DOCUMENT # G24303

1. Entity Name

PARK A REAL ESTATE CORP. OF MIAMI

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
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5601 North Dixie Highway

3. Mailing Address

5601 North Dixie Highway

Suite, Apt. #, etc.

Suite 420

Suite, Apt. #, etc.

Suite 420

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

59-2324864

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

33334

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUDD, JOHN

11880 BIRD RD

SUITE 405

MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

MUDD, JOHN

Street Address (P.O. Box Number is Not Acceptable)

Suite 420

Ft. Lauderdale, FL 33334

City

Ft. Lauderdale, FL 33334

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	DIAZ, MAYRA	
STREET ADDRESS	11880 S.W. 40TH STREET, #405	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WIENER, A.B.	
STREET ADDRESS	11880 S.W. 40TH STREET, #405	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MUDD, JOHN	
STREET ADDRESS	11880 S.W. 40TH STREET, #405	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MIRANDA, ELDA	
STREET ADDRESS	11880 S.W. 40TH STREET, #405	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LINCOLN, TIMOTHY	
STREET ADDRESS	11880 BIRD ROAD #405	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	PORTAL, ANA	
STREET ADDRESS	11880 BIRD ROAD #405	
CITY-ST-ZIP	MIAMI FL 33175	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYRA DIAZ	
STREET ADDRESS	5601 North Dixie Highway, #420	
CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5601 North Dixie Highway, #420	
CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5601 North Dixie Highway, #420	
CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5601 North Dixie Highway, #420	
CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

MAYRA DIAZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

Date

(954) 202-1998

Daytime Phone #

CR2E034 (9/01)