2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G87395 1. Entity Name					FILED Jan 29, 2000 8:00 am			
8250 BIF	RD ROAD REALTY CORP.			Se	cretary 0	of Stat	e	
Principal Place	e of Business	Mailing Address		01	-29-2000 90122 0:	36 ***150.00		
4000 GRANADA BLVD CORAL GABLES FL 33146 US		4000 GRANADA BLVD CORAL GABLES FL 33146-1236 US		1 1 0 0 1 1 1 0 0 0 1	18111 18888 HHIB 18181 BHI 8181	il 310(c 8(8)(310)(6(8	II d ada 1 04 0	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE		
City & State		City & State		4. FEI Number	59-2382415	<u> </u>	plied For t Applicable	
Zìp	Country	Zip Cou	ntry `=~.	.5Certificate of	Status Desired 🔲	\$8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent	Name	7. Name and A	dress of New Register	ed Agent	÷	
FIGAROLA, FERNANDO				P.O. Box Number i	Not Acceptable)			
4000 GRANADA BLVD. CORAL GABLES FL 33146				······································	 			
			City			FL Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its registe	red office or register	ed agent, or both,	in the State of Florida.	<u> </u>		
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Registe	red Agent signature required	l when reinstaling)	DA	ΛΈ	*.	
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 Sta		Trust	on Campaign Financing Fund Contribution.		O May Be to Fees	
11.	OFFICERS AND (<u> </u>		<u> </u>	ANGES TO OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD FIGAROLA, FERNANDO 4000 GRANADA BLVD. CORAL GABLES FL 33146	ST	LE ME ' REET ADDRESS TY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ST	LE ME REET ADDRESS IY-ST-ZIP	ا به په مير پي هه		Change	☐ 'Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		st	LE ME REET ADDRESS IY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA ST	TLE ME REET ADDRESS TY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA ST	TLE ME REET ADDRESS IY-ST-ZIP			Change	☐ Addition	
13. I hereby of indicated of the core	1 certify that the information supplied with I on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, v	this filing does not qualify for the ex true and accurate and that my sign wered to execute this report as requ	I emption stated in Se ature shall have the	same legal effect a	is it made under oath: th	at I am an officer	r Block 12 if	