

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H19393

1. Entity Name

CARDENAS REALTY CORP.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90099 039 ***150.00

Principal Place of Business

Mailing Address

% SILVIO DECARDENAS, III
2730 SW 3RD AVE., SUITE 201
MIAMI FL 33129

% SILVIO DECARDENAS, III
2730 SW 3RD AVE., SUITE 201
MIAMI FL 33129-2323

2. Principal Place of Business

2333 BRICKELL AVE.

3. Mailing Address

2333 BRICKELL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UL#6

UL#6

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

Country

Zip

Country

33129

33129



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2444853

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

DECARDENAS, SILVIO, III
2730 S.W. 3RD AVENUE
SUITE 201
MIAMI FL 33129

Name

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

2333 BRICKELL AVENUE UL#6

City

MIAMI

FL

Zip Code

33129

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, 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 PD ☐ Delete
NAME DECARDENAS, SILVIO, III
STREET ADDRESS 2730 S.W. 3RD AVENUE, SUITE 201
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Silvio de Cardenas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/2000 (305) 858-5555