

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90027 016 \*\*\*158.75

**DOCUMENT # J31091**

1. Entity Name

**MAINLAND INVESTMENT GROUP, INC.**

Principal Place of Business

**13071 SW 133 CT 4500 S.W. 74 Ave**  
**MIAMI FL 33186 Miami FL 33155**

Mailing Address

**13071 SW 133 CT 4500 S.W. 74**  
**MIAMI FL 33186 Miami FL 33155**

2. Principal Place of Business

**4500 S.W. 74 Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**4500 S.W. 74 Avenue**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Miami**

City & State

**Miami**

4. FEI Number

**59-2776037**

Applied For

Not Applicable

Zip

**FL**

Country

**33155**

Zip

**FL**

Country

**33155**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, BEATRICE**  
**13071 SW 133 CT**  
**MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

**HERNANDEZ Beatrice**

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

**4500 S.W. 74 Avenue**

City

**Miami**

**FL**

**33155**

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 **D** ☐ Delete  
NAME **GONZALEZ, JOSE E.**  
STREET ADDRESS **13071 SW 133 CT**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☒ Change ☐ Addition  
NAME **4500 S.W. 74 Avenue**  
STREET ADDRESS **Miami FL 33155**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GONZALEZ, JORGE R.**  
STREET ADDRESS **13071 SW 133 CT**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☒ Change ☐ Addition  
NAME **4500 S.W. 74 Avenue**  
STREET ADDRESS **Miami FL 33155**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HERNANDEZ, BEATRICE**  
STREET ADDRESS **13071 SW 133 CT**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☒ Change ☐ Addition  
NAME **4500 S.W. 74 Avenue**  
STREET ADDRESS **Miami FL 33155**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SCHNEIDER, ROBERT E.**  
STREET ADDRESS **13071 SW 133 CT**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☒ Change ☐ Addition  
NAME **4500 S.W. 74 Avenue**  
STREET ADDRESS **Miami FL 33155**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GONZALEZ, CARLOS T.**  
STREET ADDRESS **13071 SW 133 CT**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☒ Change ☐ Addition  
NAME **4500 S.W. 74 Avenue**  
STREET ADDRESS **Miami FL 33155**  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **GONZALEZ, ALBERTO E.**  
STREET ADDRESS **13071 SW 133 CT**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☒ Change ☐ Addition  
NAME **4500 S.W. 74 Avenue**  
STREET ADDRESS **Miami FL 33155**  
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:

**Beatrice Hernandez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/4/2000**