

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90085 025 ***150.00

00074449

DO NOT WRITE IN THIS SPACE

DOCUMENT # 28964

1. Entity Name
 U.S. PROPERTIES, INC.

Principal Place of Business
 c/o Gunster Yoakly Et Al.
 Two S. Biscayne Blvd
 Suite 3400
 Miami, FL 33131

Mailing Address
 c/o Gunster Yoakly Et. Al.
 Two S. Biscayne Blvd.
 Suite 3400
 Miami, FL 33131

2. Principal Place of Business
 c/o Richard L. Schanerman
 Suite, Apt. #, etc.
 One S.E. 3rd Ave., 28th Floor
 City & State
 Miami, FL

3. Mailing Address
 c/o Richard L. Schanerman
 Suite, Apt. #, etc.
 One S.E. 3rd Ave; 28th Floor
 City & State
 Miami, FL

4. FEI Number
 65-0063553

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Valdes Fauli Corporate Services Inc.
 Two S. Biscayne Blvd.
 Suite 3400
 Miami, FL 33131

7. Name and Address of New Registered Agent
 Name
 American Information Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 One S.E. 3rd Avenue
 28th Floor
 City Miami FL Zip Code 33131

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 By *Angelica M. Calabrese* Angelica M. Calabrese, Vice President 4/20/00
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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST EMILIO GARCIA-MENA TWO S. BISCAYNE BLVD SUITE 3400 MIAMI, FL 33131 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| ONE S.E. 3RD AVENUE, 28TH FLOOR MIAMI, FLORIDA 33131 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 all other like empowered.

SIGNATURE: *Emilio Garcia-Mena* Emilio Garcia-Mena, President 4/20/00 (305) 371 6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)