

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90097 001 *****8.75
 05-14-2002 90097 002 ***150.00

DOCUMENT # L31332
 1. Entity Name
MIDWAY CLUB RENTAL APARTMENTS, INC.

Principal Place of Business Mailing Address
8125 NW 7 STREET 8125 NW 7 STREET
MIAMI FL 33126 MIAMI FL 33126
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0171298** 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

C/O KAUFMAN, ROSSIN & CO
FARRA, MIGUEL
2699 S BAYSHORE DR
MIAMI FL 33133

Name **Julio Rodriguez**
 Street Address (P.O. Box Number is Not Acceptable) **3400 CORAL WAY # 600**
 City **Miami** FL Zip Code **33145-3053**

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: *Julio Rodriguez* *[Signature]* **4-30-02**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D RODRIGUEZ, MARIA	<input type="checkbox"/> Delete
STREET ADDRESS	8125 N.W. 7TH ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	D RODRIGUEZ, NEA	<input type="checkbox"/> Delete
STREET ADDRESS	8125 N.W. 7TH ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	D GRECO, MARIA T	<input type="checkbox"/> Delete
STREET ADDRESS	8125 N.W. 7TH ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	PD RODRIGUEZ, JULIO	<input type="checkbox"/> Delete
STREET ADDRESS	8125 N.W. 7TH ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Julio A. Rodriguez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8125 N.W. 7 Street	
CITY-ST-ZIP	Miami, FLA. 33126	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **Julio Rodriguez, Pres.** **4/30/02 (305) 264-6745**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)