

**2000 UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

000497 AF

DOCUMENT # **L98000001533**

1. Entity Name  
**INTERNATIONAL PARK PLAZA, L.C.**

00 MAY -1 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 9450 SUNSET DRIVE SUITE 101 MIAMI FL 33173	Mailing Address 9450 SUNSET DRIVE SUITE 101 MIAMI FL 33173-3241
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>65-0862155</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MONSERRAT, LEONARDO**  
**3400 S.W. 128TH AVENUE**  
**MIAMI FL 33175**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**900003256489--1**  
**-05/18/00--01007--025**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PARK PLAZA DEVELOPMENT, INC. 3400 S.W. 128TH AVENUE MIAMI FL 33175</b>	<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

10. ADDITIONS / CHANGES

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Leonardo Monserrat* **LEONARDO MONSERRAT** 4/25/2000 305-271-2890  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

68661 (9/98)