2000 Uniform Business Report (UBR)

DOCU	MENT # M06561				•			
'	A GROUP, INCORPORATED	~ · •			FILED			
		woz - 455		02 MAR 20 Al1 9: 50				
Principal Pla	ce of Business	Mailing Address						
7050 NW 42N		7050 NW 42ND ST			SE	CRETARY OF	STATE	
MIAMI FL 33166		MIAMI FL 33166			1624JGS	MICHE		
]		18 11 3 6 1131 6 1110 61101 110	BIRIL BIRIL BIRIL	81811 81811 1831
	Place of Business N.W. 42 Street	3. Mailing Address 7020 SW 93 Ave						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE (
City & Sta	te T	City & State	-1		4. FEI Number	59-2650249		Applied For
/// // Zip	Country Country	Miami F	-/orida Country			J J 2000243		Not Applicable
3310	ole	33173-	Country		5. Certificate of S	tatus Desired	S8.75 A	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
ु SINGER, DAVID								
13320 SW 128TH STREET MIAMI FL 33186				Street Address (P.O. Box Number is Not Acceptable)				
THE S	WW 1 E 00 100				··· , ,			
		·	City				FL Zip Co	de
8. The above	e named entity submits this statement for	the purpose of changing its r	egistered office	or registere	d agent, or both, in	the State of Florida	l.	
SIGNATURE	Haid I	avid H. C	inger				-30-02	,
•••	Signature, typed or printed name of registered agent ar		Registered Agent sig		when reinstating)		DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE After SEPTEMBER 13, 2000					IN E I	n Campaign Financ	~ _ ~~.	00 May Be
	ria on back)	Make Check Payable	to Departm	ent of State	9 Irust Fo	and Contribution.	Adde	ed to Fees
TITLE	OFFICERS AND D	DIRECTORS	IIILE	Dres	ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRECTOR	RS IN 11
NAME	GARCIA, MARCIAL I	Politica	NAME	John		-inquier		1
STREET ADDRESS -CITY-ST_ZIP	1411 ANCONA AVENUE CORAL GABLES FL 33143		STREET ADDRES	5 762	0 J.W. 9	3 Ave		
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NAME STREET ADDRESS			- NAME STREET ADDRES	,				
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TITLE NAME		☐ Delete	TITLE			·	☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRES	s				ı
CITY-ST-ZIP	partify that the information assembled with the	hin filling doos and swell for the	CITY-ST-ZIP	100000000000000000000000000000000000000	148 8722 ···			-,
indicated of the con	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower.	ons ming does not qualify for the rue and accurate and that my vered to execute this report as	ne exemption s signature shall required by O	itated in Sect I have the sa hapter 607	tion 119.07(3)(i), Fk ime legal effect as i Florida Statutes: en	orida Statutes. I furti f made under oath; d that my name apr	ner certify that the i that I am an officer nears in Block 11.0	intermation for director r Block 12 if
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 SIGNATURE OF SIGNATURE								
	7-7-00000000000000000000000000000000000	J. J			// /	Date	uaytims Phone #	٨