

2000 UNIFORM BUSINESS REPORT (UBR)

090500/10/3

DOCUMENT # M17536

1. Entity Name

676 APARTMENTS CORPORATION

FILED

00 SEP -6 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

676 SW 2ND STREET
MIAMI FL 33130
US

8801 NW 153 TERR
MIAMI FL 33018-1355

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2548208

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PAZ, MARTA
8801 NW 153 TERR
MIAMI FL 33016

Name *Marta Paz*

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

16621 NW 77th Place

City

Miami

FL

Zip Code

33016

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

Marta Paz

Signature, typed or printed name of registered agent and title (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 Delete
NAME **P**
STREET ADDRESS **PAZ, ORLANDO**
CITY-ST-ZIP **8801 NW 153 TERR MIAMI FL**

TITLE Change Addition
NAME
STREET ADDRESS *16621 NW 77th Place*
CITY-ST-ZIP *Miami FLA 33016*

TITLE Delete
NAME **T**
STREET ADDRESS **PAZ, MARTA**
CITY-ST-ZIP **8801 NW 153 TERR MIAMI FL**

TITLE Change Addition
NAME
STREET ADDRESS *16621 NW 77th Place*
CITY-ST-ZIP *Miami FLA 33016*

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **500003289335-0**
STREET ADDRESS **09/12/00-01022-009**
CITY-ST-ZIP *****150.00 ***150.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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:

Marta Paz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/00

Date

205 231-6140

Daytime Phone #

CR2E034 (9/99)

Sirs: We are herewith asking to please remove penalty
 + other charges because the following reasons:
 On March 21/99 I fell at the Mall of the Americas & had
 numerous fractures in the humerus & head. I was comple-
 tely out of work for 2 months & in desperate pain because they could
 not operate due to the nature of the fractures. In May my father
 had a heart attack & had to be placed at ^{105999 Miami Lakes} DeLand Rehab where
 he got a viral infection that put him in the hospital in
 isolation. Because I was taking care of him I got a hospital virus
 that sent me to The Hospital Inlensche Care Palmells Hospital
 July 21-30/99 - My doctors were OTTO SECA DA 2 Mario Megallo.
 In Nucleon Fla. Because of my condition they gave me
 steroids - My bronchials had ^{PAGE 2} become ^{ASOTHS} worse. I became
 Diabetic & ¹⁰⁵⁹⁹⁹ I was ¹⁰⁵⁹⁹⁹ forced to take ¹⁰⁵⁹⁹⁹ insulin for months.

On between ~~my~~ ~~mother~~ ~~and~~ ~~my~~ ~~father~~ ~~and~~ ~~my~~ ~~husband~~ On Jan 1/03
my mother had a heart attack. She was very ill
& had to come to our house. My father was also very
ill & I had to run together w/ my husband & shift
early taking care of him at the same time I did
all the paper work so we got him medicaid. We
finally placed him on Waterford Convalescent Center.
In March 28 I was able to have my shoulder
operated by Dr Alfred De Simone, Weston, Fla
On April 4th my Mom had another heart
attack & was at Palmetto Hospital in Henshaw
Fla. On April 7/00 my Dad had a massive
heart attack & also was at the same hospital.
In April 8/00 my father died. My mother 87 yrs.
is also very ill. I am finally doing better w/
my ~~and~~ shoulder. With all these reasons it is why
we respectfully request a waiver of the penalties
due to all these involuntary causes.

Our new address:

16621 NW 77th Place
~~21191~~ ^{Hialeah} Fla 33016-3431

Our new telephone # 305 231.6117
cellular 305-725.5134

Please answer us in this regard.

from you:

with sincerest thanks we remain

Marta Paz