

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M48901

1. Entity Name

FLORIDA LEMARK CORPORATION

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90463 001 ***150.00

04-28-2000 90463 002 *****8.75

Principal Place of Business	Mailing Address
8181 NW 36 ST STE 31 MIAMI FL 33166 US	8181 NW 36 ST STE 31 MIAMI FL 33166-6628 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-2784516	Applied For	Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RODRIGUEZ, LINDA 100 FOURTH LANE KEY LARGO FL 33037

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4840 RONDA STREET
City
CORAL GABLES FL
Zip Code
33146

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	RODRIGUEZ, LINDA
STREET ADDRESS	100 FOURTH LANE
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	VP
NAME	RODRIGUEZ, EMILIO
STREET ADDRESS	20131 S.W. 114TH PLACE
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	RODRIGUEZ, EDUARDO P
STREET ADDRESS	100 FOURTH LN
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4840 RONDA STREET
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4840 RONDA STREET
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Linda Rodriguez 4/20/00 (305) 593-1442

CR2E034 (9/99)