2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M50648

Country

701 BRICKELL AVENUE

9. This corporation is eligible to satisfy its Intangible

MCALLISTER, ALVARO

MCALLISTER, CARLOS

DE-GUTIERREZ, SYLVIA

HAGEN, STEVEN H

DE RODRIGUEZ, JUANA

MCALLISTER, ROBERTO

1925 BRICKELL AVE., #D1108

changed, or on an attachment with an address, with all out

1925 BRICKELL AV #D1108

MIAMI FL 33131

1925 BRICKELL AVE. #D1108

1925 BRICKELL AV #D1108

1925 BRICKELL AV #D1108

701 BRICKELL AVENUE., STE 3000

Tax filing requirement and elects to do so.

SUITE 3000 MIAMI FL 33131

(See criteria on back)

DVP

Miami Fl

MIAMI FL

MIAMI FL

MIAMI FL

MIAMI FL

AS

INTRASTATE REGISTERED AGENT CORPORATION

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

6. Name and Address of Current Registered Agent

MATRAIL CORPORATION

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7P

CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business Mailing Address % STEVEN H. HAGEN, ESQ. % STEVEN H. HAGEN, ESQ. 701 BRICKELL AVENUE, SUITE 3000 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131-2847 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State

Zip

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE.

NAME

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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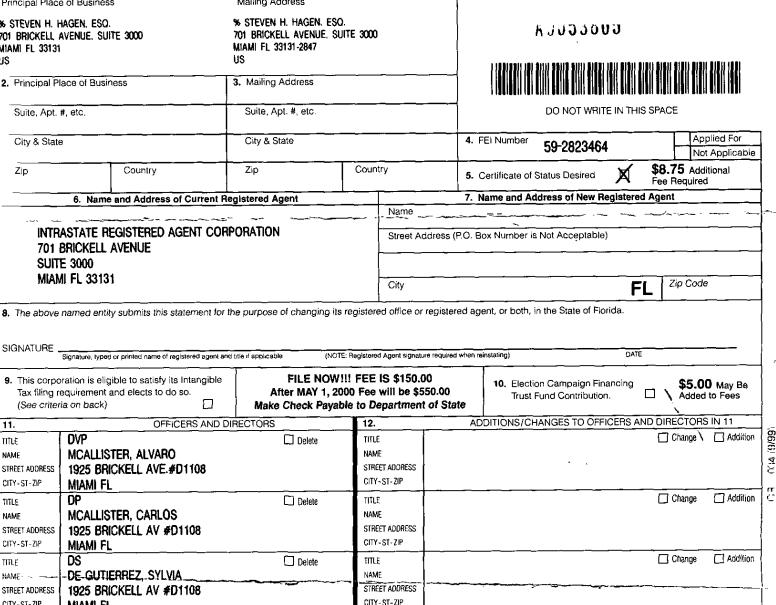
CITY-ST-ZIP

Name

City

FILED May 04, 2000 8:00 am Secretary of State

05-04-2000 90127 025 ***158.75



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Daytime Phone #

Date

☐ Addition

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