2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M53283

Suite, Apt. #, etc.

MARTIN, ANDREW L

1300 SE 17TH ST., STE. 210 FT. LAUDERDALE FL 33316

9. This corporation is eligible to satisfy its Intangible

MARTIN, ANDREW L

BELLOSO, RODOLFO

1300 SE 17TH ST., STE. 201

FT. LAUDERDALE FL 33316

1300 SE 17TH ST., STE. 201

FT. LAUDERDALE FL 33316

Tax filing requirement and elects to do so.

(See criteria on back)

PST

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SOUTH FLORIDA INDUSTRIAL REALTY, INC.

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Mailing Address Principal Place of Business 1300 SE 17TH ST., STE, 210 1300 SE 17TH ST., STE. 210 FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316-1721 2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

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STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

Name

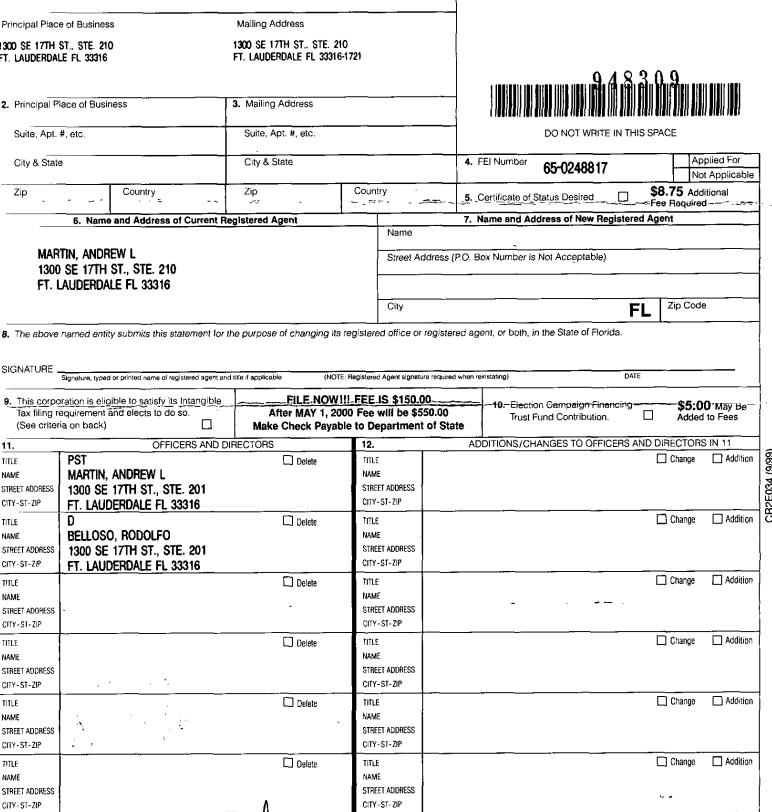
City

City & State

Zip

FILED Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90065 049 ***150.00



STREET ADDRESS CITY-ST-7IP 13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empo changed, or on an attachment with an addres

loss not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information courate and trialing signature shall have the same legal effect as if made under oath; that I am an officer or director reduce this appoint as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGNAPURE AND TYPED OR AINTED NAME OF S NING OFFICER OR DIRECTOR