

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/1/2000 10:00 AM

**DOCUMENT # N49405**

1. Entity Name

**ADRIAN AND ANDRES SMALL WORLD, INC.**

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90059 001 \*\*\*\*61.25

Principal Place of Business 13705 SW 24TH STREET MIAMI FL 33175	Mailing Address 13705 SW 24TH STREET MIAMI FL 33175-6385
---	--



DO NOT WRITE IN THIS SPACE

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

City & State	City & State	4. FEI Number 65-0834825	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

**FIGUEROA, CANDIDO**  
**13705 SW 24 STREET**  
**MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FIGUEROA, CANDIDO</b> <b>13705 SW 24TH STREET</b> <b>MIAMI FL 33175</b> <input type="checkbox"/> Delete <b>T</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FIGUEROA, CARIDAD</b> <b>13705 SW 24TH STREET</b> <b>MIAMI FL 33175</b> <input type="checkbox"/> Delete <b>T</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VERDE, CARLOS</b> <b>13320 SW 17TH LANE., #7</b> <b>MIAMI FL 33175</b> <input checked="" type="checkbox"/> Delete <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FIGUEROA, ANTONIO L.</b> <input type="checkbox"/> Delete <b>T</b> <b>13320 SW 17 LANE #7.</b> <b>MIAMI, FL. 33175</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Adrian Small* **4-1-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #