2000 UNIFORM BUSINESS REPORT (UBR)

7/2

DOCUMENT # N94000002950

FILED
Aug 17, 2000 8:00 am
Secretary of State
07-25-2000 90093 020 ****61.25

1. Entity Name

WHITE CITY, INC.

Principal Place of Business	Mailing Address
5890 N.W. 38TH STREET MIAMI FL 33166	5890 N.W. 38TH STREET MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0510403 ☐ Applied For ☐ Not Applicable

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
GIL, FRANCISCO J 5890 N.W. 38TH ST. MIAMI FL 33166	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
After September 13, 2000 min. will be $236.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVAREZ, FRANK 5913 S.W. 149TH AVE. MIAMI FL 33193 President ☐ Delete	TITLE / NAME / STREET ADDR / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELTRAN, NELSON JR 8781 S.W. 215TH TERRACE MIAMI FL 33190 ☒ Delete	TITLE / NAME / STREET ADDR / CITY-ST-ZIP	Roberto Acuna 691 W. 64 Drive Hialeah Fl. 33012 Vice President ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIL, FRANCISCO J 5890 N.W. 38TH STREET MIAMI FL 33166 Secretary ☐ Delete	TITLE / NAME / STREET ADDR / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/00)

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: SIGNATURE REQUIRED Francisco J Gil 07-19-00 305 871-1886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment N94000002950
10 7 88

President. Alvarez Frank

Vice President Acuna Roberto

Secretary · GIL FRANCISCO