

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000001114**

1. Entity Name

METRO-MIAMI COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

2515 NW 20TH STREET
MIAMI FL 33142

Mailing Address

6257 S.W. 15 ST.
MIAMI FL 33144-5607

2. Principal Place of Business

2151- S.W. 21. TERR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

City & State

4. FEI Number

65-0659160

Applied For

Not Applicable

Zip

Country

33142**MIAMI-DADE**

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**ST. JOHN, GREGORY
2601 SO. BAYSHORE DRIVE STE 1600
MIAMI FL 33131**

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)

**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	<input type="checkbox"/> Delete
D	PAZ, LAZARO	15235 NW 87 PL	MIAMI FL	<input type="checkbox"/>
DC	ANORGA, MARTIN N REV	5800 S.W. 5 TERR	MIAMI FL 33144	<input type="checkbox"/>
D	PEREZ, CESAR	2515 MW 20 ST	MIAMI OA	<input type="checkbox"/>
DS	CESAR, CARASA	6257 S.W. 15 ST.	MIAMI FL 33144	<input type="checkbox"/>
D	IGLESIAS, DANNY	6300 LAKE CHAMPLAIN TERRACE	MIAMI LAKES FL 33014	<input type="checkbox"/>
DT	FERRER, JUAN	6415 S.W. 107 AVE	MIAMI FL 33173	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day and Phone #

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90057 038 ****66.25



DO NOT WRITE IN THIS SPACE

01/07/00-(305)860-812