

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90070 023 *****70.00

DOCUMENT # N96000001114

1. Entity Name

METRO-MIAMI COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

**2151 SW 21 TERR
 MIAMI FL 33145**

Mailing Address

**6257 S.W. 15 ST.
 MIAMI FL 33144**

00008228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2634 NW 21 TERR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI-FL-

City & State

Zip

33142

Country

MIAMI DADE

Zip

33142

Country

U.S.A.

4. FEI Number

65-0659160

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

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 **D** ☐ Delete
 NAME **PAZ, LAZARO**
 STREET ADDRESS **15235 NW 87 PL**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DC** ☐ Delete
 NAME **ANORGA, MARTIN N REV**
 STREET ADDRESS **5800 S.W. 5 TERR**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **D** ☐ Delete
 NAME **PEREZ, CESAR**
 STREET ADDRESS **2515 MW 20 ST**
 CITY-ST-ZIP **MIAMI OA**

TITLE **DS** ☐ Delete
 NAME **CESAR, CARASA**
 STREET ADDRESS **6257 S.W. 15 ST.**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **D** ☐ Delete
 NAME **IGLESIAS, DANNY**
 STREET ADDRESS **6300 LAKE CHAMPLAIN TERRACE**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **DT** ☐ Delete
 NAME **FERRER, JUAN**
 STREET ADDRESS **6415 S.W. 107 AVE**
 CITY-ST-ZIP **MIAMI FL 33173**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT.

01/16/01 (30F) 638-0280

CR2E037 (10/00)