

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90003 009 *****70.00

0003/20

DOCUMENT # N96000001114

1. Entity Name

METRO-MIAMI COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

**2634 NW 21ST TERRACE
 MIAMI FL 33142**

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

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

65-0659160

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DIRECTOR - VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **TOMAS D. DIEGO, JR. - VTD.**
 STREET ADDRESS **14741 S.W. 144 TERR.**
 CITY-ST-ZIP **MIAMI-FL-33196**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 REQUIRED

02-01-02-305262-7877-

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