

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006447

1. Entity Name

WASHINGTON AVENUE MERCHANTS FIESTA, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90040 023 ****61.25

00001090



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
625 WASHINHTON AVE. HOMESTEAD FL 33030	P.O. BOX 900965 HOMESTEAD FL 33090-0965

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

City & State	City & State	4. FEI Number 65-0970582	Applied For <input type="checkbox"/> 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

PHILLIPS, ROY G
12725 S.W. 218 STREET
MIAMI FL 33170

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 _____ DATE _____
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	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, ROY G	
STREET ADDRESS	12725 S.W. 218 STREET	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUIETS, JAMIE	
STREET ADDRESS	2010 S.W. 76 CT.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORONADO, CONSUELO	
STREET ADDRESS	625 WASHINHTON AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGERO, CHARLES	
STREET ADDRESS	204 WASHINGTON AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Consuelo Coronado Date: 5/2000 Daytime Phone #: 305-248-2011

CR2E037 (9/99)