


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90986 011 \*\*\*150.00

**DOCUMENT # P00000029978**

1. Entity Name  
**DADE CORNERS PLAZA, INC.**



Principal Place of Business  
**17696 S.W. 8TH STREET  
MIAMI FL 33194**

Mailing Address  
**17696 S.W. 8TH STREET  
MIAMI FL 33194**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0994322**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARX, JAMES ESQ.**  
**200 SOUTH BISCAYNE BLVD.**  
**SUITE 1870, FIRT UNION FINANCIAL CENTER**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

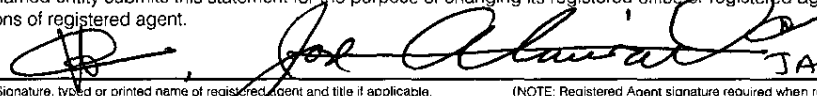
Name **JAMES MARX**

Street Address (P.O. Box Number is Not Acceptable)  
**648 Brickell Ave.**

**Suite 750**

City **Miami** FL Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **JAMES MARX** DATE **4-28-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ALMIRALL, JORGE</b>	
STREET ADDRESS	<b>17696 SW 8TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33194</b>	
TITLE	<b>TSD</b>	<input type="checkbox"/> Delete
NAME	<b>ALMIRALL, JOSE</b>	
STREET ADDRESS	<b>17696 SW 8TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33194</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>ALMIRALL, ISIDRO</b>	
STREET ADDRESS	<b>17696 SW 8TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33194</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEINBERG, ALLEN</b>	
STREET ADDRESS	<b>46 SHORE PARK ROAD</b>	
CITY-ST-ZIP	<b>GREAT NECK NY 11023</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAND, ROGER</b>	
STREET ADDRESS	<b>6321 N W 37TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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 607, 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:  **Isidro Almirall** DATE **4/27/03** DAYTIME PHONE # **305 553-6203**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)