

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034539

1. Entity Name  
**ONE HUNDRED AND TENTH AVENUE PROPERTY, INC.**

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90071 028 \*\*\*150.00

Principal Place of Business  
1955 NW 110TH AVE  
MIAMI FL 33172

Mailing Address  
1955 NW 110TH AVE  
MIAMI FL 33172-1911



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0497748</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>RICHARD GONZALEZ</b> 1955 N.W. 110 AVE. MIAMI, FLA MIAMI FL 33172				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)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RICHARD GONZALEZ		NAME				
STREET ADDRESS	1955 N.W. 110 AVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	AMY GONZALEZ		NAME				
STREET ADDRESS	1955 N.W. 110 AVE.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GONZALEZ, RICHARD		NAME				
STREET ADDRESS	%1955 NW 110TH AVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GONZALEZ, AMY		NAME				
STREET ADDRESS	%1955 NW 110TH AVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: RICHARD GONZALEZ Date: 3/27/00 Daytime Phone #: (305) 223-2200

CR2E034 (9/99)