

# 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> <b>1955 N.W. 110 AVE.</b> <b>MIAMI, FLA</b> <b>MIAMI FL 33172</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<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	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>RICHARD GONZALEZ</b>		NAME				
STREET ADDRESS	<b>1955 N.W. 110 AVE</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>MIAMI FL</b>		CITY-ST-ZIP				
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>AMY GONZALEZ</b>		NAME				
STREET ADDRESS	<b>1955 N.W. 110 AVE.</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>MIAMI FL</b>		CITY-ST-ZIP				
TITLE	<b>DV</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>GONZALEZ, RICHARD</b>		NAME				
STREET ADDRESS	<b>%1955 NW 110TH AVE</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>MIAMI FL 33172</b>		CITY-ST-ZIP				
TITLE	<b>DS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>GONZALEZ, AMY</b>		NAME				
STREET ADDRESS	<b>%1955 NW 110TH AVE</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>MIAMI FL 33172</b>		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* **RICHARD GONZALEZ** 3/27/00 (305) 223-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)