

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059183

1. Entity Name
SDRC-NARANJA, INC.

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90056 028 ***158.75

Principal Place of Business
300 NW 12TH AVENUE
MIAMI FL 33128
US

Mailing Address
300 NW 12TH AVENUE
MIAMI FL 33128
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0573355

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

Name SALVADORE MARIORANO

Street Address (P.O. Box Number is Not Acceptable)
300 NW 12th AVE

City MIAMI

FL

Zip Code 33128

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 reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME C
STREET ADDRESS GOODE, R. RAY
CITY-ST-ZIP 7800 SW 57TH AVE STE 213
SOUTH MIAMI FL 33143

TITLE
NAME P
STREET ADDRESS DOMINGUEZ, AGUSTIN
CITY-ST-ZIP 300 NW 12th AVE
MIAMI FL 33128

TITLE
NAME V
STREET ADDRESS STOKES, BILL
CITY-ST-ZIP 7800 SW 57TH AVE STE 213
SOUTH MIAMI FL 33143

TITLE
NAME VP
STREET ADDRESS RALEY, CLAIRE
CITY-ST-ZIP 300 NW 12th AVE
MIAMI, FL 33128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME VPT
STREET ADDRESS MARIORANO, SAL
CITY-ST-ZIP 300 NW 12th AVE
MIAMI, FL 33128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)