

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
 03-02-2000 90190 047 ***150.00

DOCUMENT # P95000008666

1. Entity Name
OPEN SPACES, INC.

Principal Place of Business 636 SABAL PALM ROAD FL 33137	Mailing Address C/O 636 SABAL PALM ROAD MIAMI FL 33137
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2. Principal Place of Business 8281 SW 186th ST Suite, Apt. #, etc.	3. Mailing Address 8281 SW 186th ST Suite, Apt. #, etc.
City & State MIAMI FL	City & State MIAMI FL
Zip 33157	Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0549211	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CADEN, JOHN 636 SABAL PALM ROAD MIAMI FL 33137	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8281 SW 186th ST City MIAMI FL Zip-Code 33157	

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: *John Caden* *JOHN CADEN* *16 FEB 00*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D <input type="checkbox"/> Delete CADEN, LINDA C 636 SABAL PALM RD MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8281 SW 186th ST MIAMI FL 33157		
PD <input type="checkbox"/> Delete CADEN, JOHN 636 SABAL PALM RD MIAMI FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8281 SW 186th ST MIAMI, FL 33157		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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: *John Caden* *JOHN CADEN* *16 FEB 00* *305 278-8878*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)