

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013892

1. Entity Name

MISC. PROPERTIES, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90080 019 ***158.75

Principal Place of Business

Mailing Address

2900 N.W. 7TH STREET
MIAMI FL 33125

2900 N.W. 7TH STREET
MIAMI FL 33125-4806

2. Principal Place of Business

6001 N.W. 153 St

3. Mailing Address

6001 N.W. 153 St.

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

Suite E

City & State

Miami Lakes, FL.

City & State

Miami Lakes, FL.

4. FEI Number

65-0643277

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

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

CEASE, MICHAEL S
2900 N.W. 7TH STREET
MIAMI FL 33125

Name

OSCAR J. DELGADO

Street Address (P.O. Box Number is Not Acceptable)

6001 N.W. 153 St.

Suite E

City

MIAMI LAKES,

FL

Zip Code

33014

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

OSCAR J. DELGADO

2-29-00

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, 2000 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
STREET ADDRESS
CITY-ST-ZIP
PSD
CEASE, MICHAEL S
2900 N.W. 7TH STREET
MIAMI FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JOSE M. DELGADO
6001 NW 153 St, E
MIAMI LAKES, FL 33014 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S MD
CESAR ESMERAL
6001 NW 153 St, E
MIAMI LAKES, FL 33014 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:  CESAR ESMERAL 2-29-00 (305) 828-4070
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)