## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # **P96000034483** 1. Entity Name QUAIL ROOST INDUSTRIAL PARK, INC. 05-31-2000 90001 046 \*\*\*150.00 Mailing Address Principal Place of Business 13255 SW 137TH AVE 13255 SW 137TH AVE STE, 113 STE. 113 MIAMI FL 33186-5327 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0660836 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent -- - -- \_6. Name and Address of Current Registered Agent Name KONDA, RICHARD F Street Address (P.O. Box Number is Not Acceptable) SUITE 20 13255 SW 137TH AVE STE. 113 **MIAMI FL 33186** 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. DATE " Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE NAME NAME VINAS, ROBERT 9555 SN 88 STYCET # 201 STREET ADDRESS STREET ADDRESS 13255 SW 137TH AVE STE 113 CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP MIAMI FL 33186 ☐ Change ☐ Addition VSD ☐ Delete TITLE SIU. JAVIER NAME 9555 SW 88 Street #201 STREET ADDRESS STREET ADDRESS 13255 SW 137TH AVE STE 113 CITY-ST-ZIP MIAMI: FL\*33186 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 accordate 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 Date

(305)254-403/ Daytime Phone #