

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007591

1. Entity Name

ALMAR SOUTH INC. I

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90039 012 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 522775
 MIAMI FL 33152-2775

P.O. BOX 522775
 MIAMI FL 33152-2775

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0741504

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODRIGUEZ, MAYRA
 11261 N.W. 18TH STREET
 PLANTATION FL 33323

7. Name and Address of New Registered Agent

Name **RODRIGUEZ, MAYRA**
 Street Address (P.O. Box Number is Not Acceptable)
13161 S.W. 40 STREET
 City **DAVIE** FL Zip Code **33330**

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 reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RODRIGUEZ, ALVIN C 11261 N.W. 18TH ST PLANTATION FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD RODRIGUEZ, MAYRA 11261 N.W. 18TH ST PLANTATION FL 33323	<input type="checkbox"/> Delete
TITLE -- NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RODRIGUEZ, ALVIN C 13161 S.W. 40 ST. DAVIE, FL. 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD RODRIGUEZ, MAYRA 13161 S.W. 40 ST. DAVIE, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE -- NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mayra Rodriguez* **Mayra Rodriguez** 3/24/00 ^(L305) 499-9433
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)