

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040286

1. Entity Name

DADE CORNERS MARKETPLACE CORPORATION

Principal Place of Business

17696 SW 8TH ST.
MIAMI FL 33194
US

Mailing Address

1635 SW 84TH AVENUE
MIAMI FL 33155-1113

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

17696 S.W. 8th St.

Miami, FL

33194

USA

6. Name and Address of Current Registered Agent

ALMIRALL, JORGE
1635 SW 84TH AVENUE
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name JAMES MARX, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd.,
Suite 1870
City Miami FL Zip Code 33131

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

JAMES MARX

4-8-2000

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	DP	<input type="checkbox"/> Delete
NAME	ALMIRALL, JORGE	
STREET ADDRESS	1635 SW 84TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	ALMIRALL, JOSE	
STREET ADDRESS	17696 SW 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	CFOD	<input type="checkbox"/> Delete
NAME	ALMIRALL, ISIDRO	
STREET ADDRESS	10240 SW 120TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RAND, ROGER	
STREET ADDRESS	6321 NW 37TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STEINBERG, ALLEN	
STREET ADDRESS	46 SHORE PARK ROAD	
CITY-ST-ZIP	GREAT NECK NY 11023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
Jorge Almirall, President

Date

Daytime Phone #

4/11/2000 305/553-6203



DO NOT WRITE IN THIS SPACE

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90026 023 ***158.75

CR2E034 (9/99)