

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90642 033 \*\*\*158.75

**DOCUMENT # P97000040286**

1. Entity Name  
**DADE CORNERS MARKETPLACE CORPORATION**

Principal Place of Business

**17696 SW 8TH ST.  
 MIAMI FL 33194  
 US**

Mailing Address

**17696 SW 8TH ST.  
 MIAMI FL 33194  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0757296**

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

**MARX, JAMES ESQ  
 200 S BISCAYNE BLVD  
 STE 1870  
 MIAMI FL 33131**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-02

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, 2002 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** ☐ Delete  
 NAME **ALMIRALL, JORGE**  
 STREET ADDRESS **1635 SW 84TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **TSD** ☐ Delete  
 NAME **ALMIRALL, JOSE**  
 STREET ADDRESS **17696 SW 8TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **CFOD** ☐ Delete  
 NAME **ALMIRALL, ISIDRO**  
 STREET ADDRESS **10240 SW 120TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **CD** ☐ Delete  
 NAME **RAND, ROGER**  
 STREET ADDRESS **6321 NW 37TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE **VPD** ☐ Delete  
 NAME **STEINBERG, ALLEN**  
 STREET ADDRESS **46 SHORE PARK ROAD**  
 CITY-ST-ZIP **GREAT NECK NY 11023**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

4/18/02 305/577-0276

Date

Daytime Phone #

CR2E034 (9/01)