

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90986 010 ***150.00

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

4. FEI Number **65-0757296**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **JAMES MARX**
Street Address (P.O. Box Number is Not Acceptable)
848 BRICKELL AVE.
Suite 750
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JAMES MARX** DATE **4-28-03**
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
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	8321 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Isidro Almirall** DATE **4/27/03** DAYTIME PHONE # **305 536 203**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)