

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90009 041 ***158.75

DOCUMENT # P97000054574

1. Entity Name

729-731 WASHINGTON AVE., PROPERTY, INC.

Principal Place of Business

Mailing Address

291 S.W. 27TH AVENUE
 2ND FL
 MIAMI FL 33135

~~291 S.W. 27TH AVENUE~~
~~2ND FL~~
~~MIAMI FL 33135-1401~~

2. Principal Place of Business

3. Mailing Address

2503 SW 27 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

4. FEI Number

65-0762784

Applied For

Not Applicable

Zip

Country

33133

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOSTCHIN, GUILLERMO
291 S.W. 27TH AVE
2ND FLOOR
MIAMI FL 33135

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D SOSTCHIN, GUILLERMO**
 STREET ADDRESS ~~291 S.W. 27TH AVE 2ND FLOOR~~ *2503 SW 27 Avenue*
 CITY-ST-ZIP ~~MIAMI FL 33135~~ *33133*

TITLE Change Addition
 NAME *SOSTCHIN, GUILLERMO*
 STREET ADDRESS *2503 SW 27 Avenue*
 CITY-ST-ZIP *MIAMI FL 33133*

TITLE Delete
 NAME **S VIVES, GRACE**
 STREET ADDRESS ~~291 SW 27TH AVE, 2ND FLOOR~~ *2503 SW 27 Avenue*
 CITY-ST-ZIP ~~MIAMI FL 33135~~ *MIAMI FL 33133*

TITLE Change Addition
 NAME *VIVES, GRACE*
 STREET ADDRESS *2503 SW 27 Avenue*
 CITY-ST-ZIP *MIAMI FL 33133*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

3/13/2000 (305) 554-7177

C-4 (FORM 1)