

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90038 026 ***158.75

DOCUMENT # P97000054661

1. Entity Name

657-685 WASHINGTON AVE., PROPERTY, INC.

Principal Place of Business

Mailing Address

291 SW 27TH AVE
 2ND FLOOR
 MIAMI FL 33135

291 SW 27TH AVE
 2ND FLOOR
 MIAMI FL 33135-1401

2. Principal Place of Business

3. Mailing Address

2503 SW 27 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

Country

33133

Country

USA

4. FEI Number

65-0762782

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

UD029520
 P0000005



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 SW 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	D	<input type="checkbox"/> Delete
NAME	SOSTCHIN, GUILLERMO	
STREET ADDRESS	291 SW 27TH AVE, 2ND FLOOR	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	S	<input type="checkbox"/> Delete
NAME	VIVES, GRACE	
STREET ADDRESS	291 SW 27TH AVE, 2ND FLOOR	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2503 SW 27 Ave	
STREET ADDRESS	MIAMI FL 33133	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2503 SW 27 Ave	
STREET ADDRESS	MIAMI FL 33133	
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:

Grace Vives

2/24/2000 (305) 854-7177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)