## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P9700058011 Mar 07, 2000 8:00 am **Secretary of State** M & R MIAMI PROPERTIES, INC. 03-07-2000 90070 041 \*\*\*150.00 Mailing Address Principal Place of Business 6620 S.W. 44TH STREET 6620 S.W. 44TH STREET MIAMI FL 33155-5149 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0768091 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BETANCOURT, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 6620 S.W. 44TH STREET MIAMI FL 33155 Zip Code FL 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 app\$cable DATE (NOTE: Registered Agent signature required when reinstating) FILÉ NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PTD ☐ Delete ☐ Change TITLE TITLE BETANCOURT, ROBERT L NAME NAME 6620 S.W. 44TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** Addition ☐ Change ☐ Delete TITLE TITLE BETANCOURT, MARIA E NAME NAME STREET ADDRESS STREET ADDRESS 6620 S.W. 44TH STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Addition Delete, ☐ Change TITLE BETANCOURT, ROBERTO D NAME NAMÉ STREET ADDRESS 6620 S.W. 44TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.