

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90006 048 ***150.00

DOCUMENT # P97000103012

1. Corporation Name

VERTICAL DEVELOPMENT, INC.

Principal Place of Business

815 NW 57th Avenue,
Suite 424
Miami, FL 33126

Mailing Address

815 NW 57th Avenue
Suite 424
Miami, FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/97

2. Principal Place of Business

21 8725 NW 18th Terrace
Suite, Apt. #, etc.

2a. Mailing Address

26 8725 NW 18th Terrace
Suite, Apt. #, etc.

4. FEI Number

65-0820323

Applied For

Not Applicable

22 Suite 206

27 Suite 206

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

MIAMI, FL

28 City & State

MIAMI, FL

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24 Zip Country

33172

29 Zip Country

33172

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOUGLAS, PAUL
815 NW 57th Avenue, #424
Miami, FL 33126

10. Name and Address of New Registered Agent

81 Name

DOUGLAS, PAUL
8725 NW 18th Terrace

82

Suite 206

83

84 City

MIAMI

FL

85 Zip Code

33172

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Paul Douglas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DOUGLAS, PAUL
STREET ADDRESS 815 NW 57th Ave, #424
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ DELETE

NAME CAMBO, ROBERT L
STREET ADDRESS 815 NW 57th Ave, #424
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 8725 NW 18th Terrace, Suite 206
1.4 CITY-ST-ZIP MIAMI, FL 33172

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 8725 NW 18th Terrace, Suite 206
2.4 CITY-ST-ZIP MIAMI, FL 33172

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

4-5-99

Date

305-594-7730

Daytime Phone #

CR2E034 (11/98)