

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

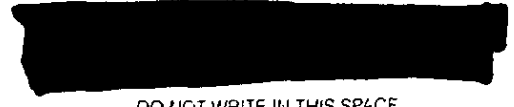
05-03-2000 90052 027 ***150.00

DOCUMENT # P97000103480 ✓

1. Entity Name
SECTION 7, TRACT 64 PROPERTY, INC.

Principal Place of Business 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134	Mailing Address 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134-3322
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0922170	Applied <input type="checkbox"/> Not App <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HELLMAN, MAYNARD J
1100 PONCE DE LEON BLVD
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
150 S. PINE ISLAND RD
SUITE 500
PLANTATION, FL 33324
 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 DATE

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEES: \$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 Added to Fee

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREJON, IBIS 8433 OKEECHOBEE BLVD HIALEAH GARDENS FL 33010	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PABLO J. VALDES 8433 W. OKEECHOBEE RD HIALEAH GARDENS, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> A
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> A
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> A
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> A
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> A
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> A

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 and/or attested that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 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

P97000103480

Attachment 16996

COUNTRY CLUB OF MIAMI ASSOC., INC.

01148

Vendor No: FLASTA Name: FLORIDA DEPARTMENT OF STATE 1148

Invoice Ref	Inv Date	Inv Amt	Discount	Adj Amt	Amt Paid
5100 ANN/REPORT	04/17/00	150.00	0.00	0.00	150.00

(Acct: 11020-001) Check Date 04/17/00 Total \$150.00

EAGLE NATIONAL BANK
BCC OFFICE-03
MIAMI, FLORIDA 33186

01148

COUNTRY CLUB OF MIAMI ASSOC., INC.
8433 W. OKEECHOBEE RD.
HIALEAH GARDENS, FL 33016

63-834/680
21
1148

***One Hundred Fifty & No/100 Dollars

DATE AMOUNT

04/17/00 \$150.00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

AUTHORIZED SIGNATURE

⑈001148⑈ ⑆066006349⑆ 0303017236⑈06

NON NEGOTIABLE