

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103831

1. Entity Name

BAJA CUSTOM DEVELOPERS, INC.

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

03-24-2000 90121 044 ***150.00

Principal Place of Business

Mailing Address

8635 NW 8TH STREET
 SUITE 120
 MIAMI FL 33126

8635 NW 8TH STREET
 SUITE 120
 MIAMI FL 33126-5937

2. Principal Place of Business

3. Mailing Address

8635 NW 8ST

8635 NW 8ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

120.

120

City & State

City & State

MIAMI FL

MIAMI FL

4. FEI Number

65-0806118

Applied For

Not Applicable

Zip

Country

Zip

Country

33126 USA

33126 USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELGADO, MARIO G.
 GIRALDO, MARIO GERMAN D
 8635 NW 8TH STREET SUITE 120
 MIAMI FL 33126

Name

MARIO G. DELGADO

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

8635 NW 8TH STREET SUITE 120

City

MIAMI

FL

Zip Code

33126

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

02-15-2000

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 PVST ~~DELGADO, MARIO G.~~ ☐ Delete
 NAME ~~DELGADO, MARIO G.~~
 STREET ADDRESS 8635 NW 8TH STREET SUITE 120
 CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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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 #

02-15-2000

CR2E034 (9/99)