

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90014 020 \*\*\*158.75

**DOCUMENT # P97000105454**

1. Entity Name  
**EXTRA ENTERPRISE CORP.**

Principal Place of Business

13499 BISCAYNE BOULEVARD  
 SUITE 502  
 NORTH MIAMI FL 33181

Mailing Address

13499 BISCAYNE BOULEVARD  
 SUITE 502  
 NORTH MIAMI FL 33181-2026

2. Principal Place of Business

2490 SW 163 TERR  
 Suite, Apt. #, etc.

3. Mailing Address

C/O 7098 BONITA DRIVE  
 Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIAMI BEACH, FLORIDA

4. FEI Number

65-0800392

Applied For

Not Applicable

Zip

33027

Country

US

Zip

33141

Country

US

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

DIAS, ADRIANA S  
 13499 BISCAYNE BLVD.  
 STE. 502  
 NORTH MIAMI FL 33181

Name

SAME

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

2490 SW 163 TERRACE

City

MIRAMAR

FL

Zip Code

33027

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	DIAS, ADRIANA S	13499 BISCAYNE BOULEVARD, STE. 502	NORTH MIAMI FL 33181	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PSTD	DIAS, ADRIANA S	2490 SW 163RD TERRACE	MIRAMAR, FLORIDA 33027	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

01/26/00

(954) 436-0813

Date

Daytime Phone #

CR2E034 (9/99)