


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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90037 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P9800019206</u>			
1. Corporation Name <u>UBAR MANAGEMENT CHL.</u>			
Principal Place of Business <u>2935 SW 39th Ave Suite A</u> <u>Miami FL 33129</u>		Mailing Address <u>2935 SW 39th Ave Suite A</u> <u>Miami FL 33129</u>	
2. Principal Place of Business 21 <u>40 SW 8 St. Suite 1</u> Suite, Apt. #, etc. <u>Suite 1</u> City & State <u>Miami FL</u> Zip <u>33130</u> Country		2a. Mailing Address 26 <u>40 SW 8 St. Suite 1</u> Suite, Apt. #, etc. <u>Suite 1</u> City & State <u>Miami FL</u> Zip <u>33130</u> Country	
3. Date Incorporated or Qualified <u>3-15-98</u>			
4. FEI Number <u>65-0829498</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <u>VAZQUEZ, HECTOR</u> <u>1800 West 49 St. Suite 217</u> <u>Hialeah FL 33012</u>		10. Name and Address of New Registered Agent 81 Name <u>VAZQUEZ, HECTOR</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>1800 West 49 St. Suite 213</u> 83 84 City <u>Hialeah</u> FL 85 Zip Code <u>33012</u>	
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/29/99</u>			
12. OFFICERS AND DIRECTORS TITLE <u>PD</u> <input type="checkbox"/> DELETE NAME <u>Lazara M. Sanchez</u> STREET ADDRESS <u>450 SW 8 St. Suite 1</u> CITY-ST-ZIP <u>Miami FL 33130</u> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #