

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039950
 1. Entity Name
PLAYCA CORPORATION

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business 7574 N.W. 70TH STREET MIAMI FL 33166	Mailing Address 7574 N.W. 70TH STREET MIAMI FL 33166-2816
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8267 NW 66th Street Suite, Apt. #, etc.	3. Mailing Address 8267 NW 66th Street Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0834074	Applied For Not Applicable
Zip 33166	Country USA	Zip 33166	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DIAZ, ALEJANDRO C
 4320 SOUTH WEST 156TH PLACE
 MIAMI FL 33185

7. Name and Address of New Registered Agent
 Name: Javier Zambrano
 Street Address (P.O. Box Number is Not Acceptable): 8695 NW 6th Lane # 111
 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: Javier Zambrano Javier Zambrano - President 9/19/00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <input type="checkbox"/> Delete <u>ZAMBRANO, JAVIER</u> CENTRO COMMCL. SANTO ANGEL, LCL. 56 2NIVEL MARACAIBO, ESTADO ZURIA, VEN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <input type="checkbox"/> Delete <u>ZAMBRANO, JUAN M</u> CENTRO COMMCL. SANTO ANGEL, LCL. 56 2NIVEL MARACAIBO, ESTADO ZURIA, VEN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <input checked="" type="checkbox"/> Delete <u>BARRERA, IRMA</u> CENTRO COMMCL. SANTO ANGEL, LCL. 56 2NIVEL MARACAIBO, ESTADO ZURIA, VEN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <input type="checkbox"/> Delete <u>FINOL, ILSE N</u> CENTRO COMMCL. SANTO ANGEL, LCL. 56 2NIVEL MARACAIBO, ESTADO ZURIA, VEN
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	<u>President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>8695 NW 6th Lane Apt 111</u> <u>Miami, FL 33126</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>000003417940--8</u> <u>-10/09/00--01006--020</u> <u>****558.75 ****558.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Javier Zambrano JAVIER ZAMBRANO 9/19/00 (305) 597-9583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)