

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051938

1. Entity Name

CITYWIDE PROPERTIES, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90054 005 ***150.00

Principal Place of Business

780 NW 42ND AVENUE
SUITE 318
MIAMI FL 33126

Mailing Address

780 NW 42ND AVENUE
SUITE 318
MIAMI FL 33126-5536

2. Principal Place of Business

9240 SW 72 ST

Suite, Apt. #, etc.

202

City & State

MIAMI, FL

Zip

33173

Country

3. Mailing Address

9240 SW 72 ST

Suite, Apt. #, etc.

202

City & State

MIAMI, FL

Zip

33173

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0845485

Applied For

Not Applicable

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

ARECES, J. JORGE
780 NW 42ND AVENUE
SUITE 318
MIAMI FL 33126

Name

MARIA ARECES

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

9240 SW 72 ST. Suite 202

City

MIAMI

FL

Zip Code

33173

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

Maria Arces

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/2/00

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	PST	<input checked="" type="checkbox"/> Delete
NAME	ARECES, M. JORGE	
STREET ADDRESS	780 NW 42ND AVENUE	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ARECES, M. JORGE	
STREET ADDRESS	780 NW 42ND AVENUE	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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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	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA ARECES	
STREET ADDRESS	9240 SW 72 ST. Suite 202	
CITY - ST - ZIP	MIAMI, FL 33173	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA ARECES	
STREET ADDRESS	9240 SW 72 ST. Suite 202	
CITY - ST - ZIP	MIAMI, FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sgt. Maria Arces

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date

305 2352957

Daytime Phone #

CR2E034 (9/99)