

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90052 011 \*\*\*150.00

**DOCUMENT # P98000051938**

1. Entity Name  
**CITYWIDE PROPERTIES, INC.**

Principal Place of Business

**9240 SW 72 ST  
202  
MIAMI FL 33173**

Mailing Address

**9240 SW 72 ST  
202  
MIAMI FL 33173**

2. Principal Place of Business

**9240 SW 72 ST.  
Suite, Apt. #, etc.  
114**

3. Mailing Address

**same as 2  
Suite, Apt. #, etc.**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33173**

Country

**USA**

Zip

**33173**

Country

**USA**

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

**ARECES, M. JORGE  
9240 SW 72 ST SUITE 202  
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name

**M. Jorge Areces**

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

**9240 SW 72 ST**

**Suite 114**

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

**M. Jorge Areces**

**4/1/02**

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, 2002 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	Delete
P	ARECES, M. JORGE	9240 SW 72 ST SUITE 202	MIAMI FL 33173	<input type="checkbox"/>
VP	ARECES, MARIA	9240 SW 72 ST SUITE 202	MIAMI FL 33173	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VP	M. Jorge Areces	9240 SW 72 ST. Suite 114	MIAMI, FL 33173	<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"/>

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:

**M. Jorge Areces**

**4/1/02 305 598 0003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0274336 AV

CR2E034 (9/01)