3/15/00-90135-048-$158.75-$158.75

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: P98000052119

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00 APR -3 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0039053

DO NOT WRITE IN THIS SPACE

1. Entity Name

MONACO LINDGREEN COMMERCE PARK, INC.

Principal Place of Business	Mailing Address
7050 S.W. 86th Av. Miami, Fl 33143	

2. Principal Place of Business	3. Mailing Address
MONACO LINDGREEN COMMERCE PARK, INC.	
Suite, Apt. #, etc. 7050 S.W. 86th Av.	Suite, Apt. #, etc.
City & State Miami, Fl	City & State
Zip / Country 33143 U.S.A.	Zip / Country

4. FEI Number: 65-0432034 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Alberto J. Parlade, Esquire
7050 S.W. 86th Avenue
Miami, Fl 33143

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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: A. Parlade 3/9/2000

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	PSTD Vinas, Robert 3850 S.W. 87th Av. Miami, Fl 33165	☐ Delete	PSTD Vinas, Robert 7050 S.W. 86th Av. Miami, Fl 33143 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Carro, Raquel 3850 S.W. 87th Av. Miami, Fl 33165	☐ Delete	VD Carro, Raquel 7050 S.W. 86th Av. Miami, Fl 33143 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ 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: X Robert Vinas 3/10/00 (305) 595-2300

CR2E034 (9/99)