

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2002 90704 043 ***158.75

DOCUMENT # P98000052119

1. Entity Name
MONACO LINDGREEN COMMERCE PARK, INC.

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| Principal Place of Business 7050 S.W. 86TH AVENUE MIAMI FL 33143 | Mailing Address 7050 S.W. 86TH AVENUE MIAMI FL 33143 |
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|--|--|
| 2. Principal Place of Business 13003 Zambrana Street | 3. Mailing Address 13003 Zambrana Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|--|--|
| City & State Coral Gables, FL | City & State Coral Gables, FL | 4. FEI Number 65-0432034 | Applied For <input type="checkbox"/> |
| Zip 33156 | Country U.S.A. | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | Not Applicable <input type="checkbox"/> |

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent PARLADE, ALBERTO J ESQ. 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 _____ (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) <input type="checkbox"/> | 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 |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD VINAS, ROBERT 7050 S.W. 86TH AVENUE MIAMI FL 33143 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13255 SW 135 Avenue Miami, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CARRO, RAQUEL 7050 S.W. 86TH AVENUE MIAMI FL 33143 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13003 Zambrana ST. Coral Gables, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | 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"/> Delete | 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: Raquel Carro *Raquel Carro* 3/20/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #