2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063017

1. Entity Name
MARDEPAZ PROPERTIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT -2 PM 1:20

Principal Place of Business
250 PALERMO AVENUE
CORAL GABLES, FL. 33134

Mailing Address
250 PALERMO AVENUE
CORAL GABLES, FL. 33134

$150.00
4/19/99 90098 -020

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

4. FEI Number: 65-0860636 - 260206 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
GUSTAVO MARTINEZ
250 PALERMO AVENUE
CORAL GABLES, FL. 33134

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 [signature] 09-27-00
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	
PD	MARTINEZ, GUSTAVO 250 PALERMO AVENUE CORAL GABLES, FL. 33134	☐ Delete
VPD	DELA PAZ, FRACIS 250 PALERMO AVENUE CORAL GABLES, FL. 33134	☐ Delete
SD		☐ Delete
TD		Delete
EVP		☐ Delete
D		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
(Title / Name / Street Address / City-St-Zip — ☐ Change ☐ Addition, six blocks)

100003417721---1
-10/06/00--01130--008
****750.00 ****750.00

REINSTATEMENT 99-00

JP 10/4

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: [signature] 09-14-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE