

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90291 017 ***158.75

DOCUMENT # P98000079628

1. Entity Name
2560 S.W. 27 AVE. CORP.

Principal Place of Business Mailing Address
4260 S.W. 73RD AVE. **4260 S.W. 73RD AVE.**
MIAMI FL 33134 **MIAMI FL 33155-4547**

2. Principal Place of Business 3. Mailing Address
2560 SW 27 Ave. **2560 SW 27 Ave.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, Florida **Miami, Florida**

Zip Country Zip Country
33133 **U.S.A.** **33133** **U.S.A.**

4. FEI Number Applied For
65-0868442 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

MIR, HECTOR J
2655 LE JEUNE ROAD, SUITE 1107
CORAL GABLES FL 33134

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. **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	D <input type="checkbox"/> Delete REVUELTA, LUIS O 4260 S.W. 73RD AVENUE MIAMI FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D REVUELTA, LUIS O 1461 Mercado Ave. Coral Gables, Fl. 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VEGA, NESTOR 4260 S.W. 73RD AVE. MIAMI FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D VEGA, NESTOR 9232 SW 127 Ave. Miami, Florida 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LEON, SEGISBERTO J 4260 S.W. 73RD AVE. MIAMI FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D LEON, SEGISBERTO J. 8701 SW 86 Ave. Miami, Florida 33143
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: **NESTOR VEGA** 1/15/2000 305-529-1080
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)