2000 UNIFORM BUSINESS REPORT (UBR)

55/18/00-90377-035-$150.00-$150.00

DOCUMENT # P98000106208

1. Entity Name

OMBARB PROPERTY INC.

FILED

00 SEP 21 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8000 S.W. 12TH STREET MIAMI FL 33144	8000 S.W. 12TH STREET MIAMI FL 33144-4324

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

65-0952109 ☐ Applied For ☐ 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
BORDEN, ASHBERT R SR 14373 S.W. 163RD ST MIAMI FL 33177	Name: ODALYS MACHADO Street Address (P.O. Box Number is Not Acceptable): 8030 S.W. 12 St. City: MIAMI FL Zip Code: 33144

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: Odalys Machado (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE: 6 | 10 | 00

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	PD BORDEN, ASHBERT R SR 14373 S.W. 163RD TERRACE MIAMI FL 33177	☒ Delete	P.D. ODALYS MACHADO 8030 S.W. 12 St MIAMI, FL 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MACHADO, ODALYS 8030 S.W. 12TH ST. MIAMI FL 33144	☐ Delete	V.D. ODALYS MACHADO 8030 S.W. 12 St MIAMI FL 33144	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition LS

CR2E034 (9/99)

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: Odalys Machado 9/25/00 305-389-5119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #