

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-19-2000 90084 010 ***150.00

DOCUMENT # P 98000107694

1. Entity Name

142 GIRALDA CORP.

Principal Place of Business Mailing Address

1643 BRICKELL AVE.
 Apt #2305
 MIAMI FL 33129

00095936

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2100 PONCE DE LEON BLVD.

3. Mailing Address

Suite, Apt. #, etc. # 601

Suite, Apt. #, etc.

City & State CORAL GABLES, FLORIDA

City & State

4. FEI Number 65-0895884

Applied For Not Applicable

Zip 33134

Country

Zip

Country

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

CORPCO, INC.
 2699 SOUTH BAYSHORE DRIVE
 7TH FLOOR
 MIAMI, FL 33133

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, 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 PD
 NAME SAIDEN, AMIN Delete
 STREET ADDRESS 1643 BRICKELL AVE., #2305
 CITY - ST - ZIP MIAMI, FL 33129

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE SD
 NAME SAIDEN, SILVIA DE Delete
 STREET ADDRESS 1643 BRICKELL AVE., #2305
 CITY - ST - ZIP MIAMI, FL 33129

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE TD
 NAME DE NAVARRO, SILVIA Delete
 STREET ADDRESS 1643 BRICKELL AVE., #2305
 CITY - ST - ZIP MIAMI, FL 33129

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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:

Clara Saïden President

4/26/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)