

2000 UNIFORM BUSINESS REPORT (UBR)

1-2

DOCUMENT # p99000022845

1. Entity Name

MAP PROPERTIES

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 PM 1:12

Principal Place of Business

Mailing Address

MIAMI FL.

13615 S. DIXIE HWY.
SUITE 114-402
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

13615 S. DIXIE HWY
Suite, Apt. #, etc.
SUITE 114-402

13615 S. DIXIE HWY
Suite, Apt. #, etc.
SUITE 114-402

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0909133

Applied For
Not Applicable

Zip
33176

Country
USA

Zip
33176

Country
USA

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

PHIL R. OM1
1380 N. 15th St
HOMESTEAD FL 33130

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 PHIL R. OM1

8-27-2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PHIL R OM1 PRESIDENT 1380 N. 15th St HOMESTEAD FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIKE MANASH SECRETARY 11208 S.W. 108th Ct MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	200003416312-3 -10/06/00-01024-025	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	****150.00-****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: PHIL R. OM1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-2000

Date

Daytime Phone #

CR2E034 (9/99)

AD

-2-

August 27, 2000

Uniform Business Report
Division of Corporations
P.O.Box 1500
Tallahassee, Florida 32302-1500

MAP PROPERTIES
13615 South Dixie Highway
Suite 114 - 402
Miami, Florida 33176 - 7254

To Whom It May Concern:

Please accept the original amount due for the Uniform Business Report for the following reasons:

1. We were not aware of this report since this is our first venture as a corporation.
2. Our previous accountant registered the wrong address for the corporation.
3. Upon learning from our new accountant of the necessity and severity of this document, we promptly called to have a blank form sent out.

Thank you,



Phil R. Omi
President
MAP PROPERTIES