

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029213

1. Entity Name

FLORIDA DEVELOPMENT COMPANIES, INC.

FILED

00 MAR -9 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3475 WEST FLAGLER ST.
MIAMI FL 33135

3475 WEST FLAGLER ST.
MIAMI FL 33135-1025

2. Principal Place of Business

3. Mailing Address

6714 Pines Blvd

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Pembroke Pines FL

4. FEI Number

05-0949391

Applied For

Not Applicable

Zip
33024

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

VINAS, HECTOR R
3475 WEST FLAGLER ST.
MIAMI FL 33135

Name

Street Address (P.O. Box Number is Not Acceptable)

6714 Pines Blvd

City
Pembroke Pines FL

Zip Code
33024

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

Hector R. Vinas, President

1-17-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	VINAS, HECTOR R	3475 WEST FLAGLER ST.	MIAMI FL 33135	<input type="checkbox"/>
D	SCHLAFKE, MARIA D	3475 WEST FLAGLER ST.	MIAMI FL 33135	<input type="checkbox"/>
D	CRUZ, CLEMENTE J	19470 N.W. 8 ST.	PEMBROKE PINES FL 33029	<input type="checkbox"/>
D	CRUZ, CLEMENTE E	1224 N.W. 126 ST.	SUNRISE FL 33323	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Clemente E. Cruz, Vice President

1-17-00

9349615222
4204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)