

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000034305

1. Entity Name

CONTINENTAL II REALTY, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90051 039 \*\*\*150.00

Principal Place of Business

Mailing Address

8701 S.W. 137 AVE #103 (SAME)  
MIAMI, FL 33183

2. Principal Place of Business

3. Mailing Address

101 SW 137 AVE #

8701 SW 137 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103

# 103

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33183

DADE

33183

DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0913477

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

IRA PRICE  
9700 SOUTH DADELAND BLVD  
PENTHOUSE 4 SUITE 1701  
MIAMI, FL 33156

Name JULIA H. RIQUELME

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

8701 SW 137 AVE # 103

MIAMI

FL

33183

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 *Julia H. Riquelme*

JULIA H. RIQUELME, PRESIDENT

4/25/00

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 PRESIDENT/SEC ☐ Delete  
NAME JULIA H. RIQUELME  
STREET ADDRESS 8701 SW 137 AVE #103  
CITY-ST-ZIP MIAMI FL 33183

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Julia H. Riquelme, President* 4/5/00 305 386-3333 x225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIA H. RIQUELME

Date

Daytime Phone #

CR2E034 (9/99)