## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

## FILED DOCUMENT # P99000051545 Jan 27, 2000 8:00 am **Secretary of State** THE LAW OFFICES OF MATEO & BULLOCK, P.A. 01-27-2000 90097 015 \*\*\*150.00 Principal Place of Business Mailing Address 18763 N.W. 54TH PLACE 18763 N.W. 547H PLACE MIAMI FL 33055-2362 MIAMI FL 33055 2. Principal Place of Business 3. Mailing Address 633 N.E. 167 Street Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #1109 4. FEI Number 65 - 0925566 City & State ... N. Miami Beach Florida Applied For City & State \_\_\_\_ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33162 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAME MATEO, MARIO O Street Address (P.O. Box Number is Not Acceptable) 18763 N.W. 54TH PLACE **MIAMI FL 33055** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **Addition** PICIMIT Change TITLE MARIO O. MATEO 18763 NW 54 Place Miami, Fl. 33055 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete GARETH BULLOCK NAME NAME 20-N.W. 60 th Court STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, Fl. 33/26 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.