

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000080794

1. Entity Name

7458 S.W. 48 STREET CORPORATION

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90209 050 \*\*\*150.00

Principal Place of Business

Mailing Address

7458 SW 48 STREET  
MIAMI FL 331557458 SW 48 STREET  
MIAMI FL 33155-4469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0951635

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

MIAMI CORPORATE SYSTEMS, INC.  
5200 BLUE LAGOON DRIVE, SUITE 700  
MIAMI FL 33126

Name

Ruden, McClosky, Smith, Schuster

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

&amp; Russell

701 Brickell Ave., #1900

City

Miami

FL

Zip Code  
33131

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

| 11. OFFICERS AND DIRECTORS      |                                                          | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |      |
|---------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|------|
| TITLE                           | NAME                                                     | TITLE                                                             | NAME |
| <input type="checkbox"/> Delete | D<br>PARDO, ANGEL<br>7458 SW 48 STREET<br>MIAMI FL 33155 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
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| <input type="checkbox"/> Delete |                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |                                                          | <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 I am empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)