

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096785

1. Entity Name

**MADRIZ CORPORATION**

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90027 028 \*\*\*150.00

Principal Place of Business

16300 N.E. 19 AVENUE  
 SUITE #100  
 NORTH MIAMI BEACH FL 33162

Mailing Address

16300 N.E. 19 AVENUE  
 SUITE #100  
 NORTH MIAMI BEACH FL 33162-4879

042240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**99060 OVERSEAS HWY**  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**KEY LONGO FLORIDA**

City & State

4. FEI Number

**65-0958535**

Applied For  
 Not Applicable

Zip

Country

**33149**

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

**SILVA, FERNANDO**  
 16300 N.E. 19 AVENUE  
 SUITE #100  
 NORTH MIAMI BEACH FL 33162

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

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DOMINGUEZ, MIGUEL A</b>	
STREET ADDRESS	<b>116 N. 13 AVENUE SUITE #205</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>LEIVA, DIANE M</b>	
STREET ADDRESS	<b>116 N. 13 AVENUE SUITE #205</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MIGUEL DOMINGUEZ, CEO  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00  
 Date

305-453-9308  
 Daytime Phone #

CR2E034 (9/99)