2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P99000097989

1. Entity Name

RAILROAD PARK, INC.

Principal Place of Business	Mailing Address
5580 NE 4 COURT MIAMI FL 33137	5580 NE 4 COURT MIAMI FL 33137

2. Principal Place of Business *5582 NE 4th Ct., Ste. 6*

Suite, Apt. #, etc. *Ste. 6*

City & State *Miami, FL*

Zip *33137*   Country *USA*

3. Mailing Address *SAME*

Suite, Apt. #, etc.

City & State

Zip   Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0967155**   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAPOTE, BEATRIZ M
1101 BRICKELL AVENUE, 17TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name *Capote, Beatriz M*

Street Address (P.O. Box Number is NOT Acceptable) *799 Brickell Plaza Ste. 700*

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 *4-24-02*

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, 2002 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		
TITLE **PVTS** NAME **SOYKA, MARK** STREET ADDRESS **589 NE 57TH STREET** CITY-ST-ZIP **MIAMI FL 33137**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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CR2E034 (9/01)

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: _____   Date *3/27/02*   Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR