

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90402 034 ***558.75

DOCUMENT # ~~9900099976~~ **9900099976**
 1. Entity Name
Hummingbird Estates, Inc.

Principal Place of Business Mailing Address
 Principal Place of Business Mailing Address

00067388

2. Principal Place of Business
14425 Country Walk Dr.
 Suite, Apt. #, etc.

3. Mailing Address
c/o Elliott Harris
 Suite, Apt. #, etc.
111 SW 3rd St., 6th Flr

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

Zip
33186

Country
USA

Zip
33130

Country
USA

4. FEI Number
65-0961578

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Elliott Harris
111 SW 3rd Street
6th Floor
Miami, FL 33130

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

TITLE PTD	NAME Pedro Garcia-Carrillo <input type="checkbox"/> Delete
STREET ADDRESS 14425 Country Walk Dr.	CITY-ST-ZIP Miami, FL 33186
TITLE PSD	NAME Kenneth D. Goldring <input type="checkbox"/> Delete
STREET ADDRESS 14425 Country Walk Dr.	CITY-ST-ZIP Miami, FL 33186
TITLE AS	NAME Elliott Harris <input type="checkbox"/> Delete
STREET ADDRESS 111 SW 3rd St., 6th Floor	CITY-ST-ZIP Miami, FL 33130
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Elliott Harris, Asst. Secty** 305/358-0146
 Date: **6/27/00** Daytime Phone #

CR2E034 (9/99)