

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90346 001 *1,200.00

DOCUMENT # P99000099976

1. Entity Name
HUMMINGBIRD ESTATES, INC.

Principal Place of Business 14425 COUNTRY WALK DRIVE MIAMI FL 33186	Mailing Address G/O ELLIOTT HARRIS 111 SW 3RD ST. 6TH FLR MIAMI FL 33130
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2. Principal Place of Business 13052 SW 133rd COURT Suite, Apt. #, etc.	3. Mailing Address 13052 SW 133rd COURT Suite, Apt. #, etc.
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City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33186	Zip 33186
Country U.S.A.	Country USA

4. FEI Number 65-0961578	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HARRIS, ELLIOTT
 411 SW 3 STREET 6TH FLOOR
 MIAMI FL 33130**

7. Name and Address of New Registered Agent
 Name
FERNANDO S. ARAN
 Street Address (P.O. Box Number is Not Acceptable)
**ARAN CORREA & GUARCH, PA
 710 SOUTH DIXIE HIGHWAY
 City
CORAL GABLES FL Zip Code
33146**

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]* **FERNANDO S. ARAN** DATE **01-05-01**
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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

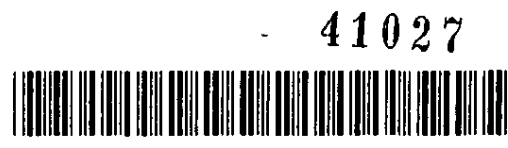
11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS- HARRIS, ELLIOTT 111 SW 3 STREET 6TH FLOOR MIAMI FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD- GOLDRING, KENNETH D. 14425 COUNTRY WALK DRIVE MIAMI FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD- GARCIA GARRILLO, PEDRO 14425 COUNTRY WALK DRIVE MIAMI FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D RUBEN BERTRAN 13052 SW 133rd COURT MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D LUIS VILLAR 13052 SW 133 COURT MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 like empowered.

SIGNATURE: x *Luis Villar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01-05-01** Daytime Phone # **305-971-0855**



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)