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PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

FILED Mar 30, 1999 8:00 am Secretary of State 03-30-1999 90044 014 ***150.00 FLORIDA DEPARTMENT OF STATE Katherine Harris

	OCUMENT	#	S	25:	199
1.	Corporation Name		U.		

	ueso Parking, inc.								
Principal Place	e of Business	Mailing Address				T TO BEING WERE THE RELOW THE DESIGNATION AND A CONTROL OF THE PERSON OF	BIĞIL SIBLI BIBIL	#	
101 DUVAL ST		1408 OLIVIA ST.							
-KEY=WEST=FL=	30040	KEY WEST FL 33040				DO NOT WRITE IN THI	S SPACE		
ับร	- 4 - 5 - 14	US		-		3. Date Incorporated or Qualifed			- =
						01/14/1991		ļ	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
21 26					NOT APPLICABLE	L Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional	
22		27				5. Certifcate of Status Desired	Fee R	equired	
City & State	6	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year I		7.	
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Currer	nt Registered Agent		81	Nama	10. Name and Address of New Registere	Agent		
פורע	IARD M KLITENICK			"	Name				
1	APPELROUTH LANE			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
t .	WEST FL 33040			83					
INL!	WEST 1 E 55040			83					
				84	City	E	85 Zip	Code	
	207.050	10 - 1 007 4500 Ft-11- 01-		1			f changing its	e registered	
office or r	to the provisions of Sections 607,050 egistered agent, or both, in the State	of Florida. Such change was	authorize	d by t	the corpora	rporation submits this statement for the purpose of the sporard of directors. I hereby accept the app	ointment as n	egistered	_
	m familiar with, and accept the obliga	itions of Section 607 0505. F	Iorida Stat	tutes.					_
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agent, i a		مي ائنى سى دائىدى: «««	ما تسدمدر						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered	d Agent		ired when reinstating) DATE			
	Signature, typed or printed name of registered age OFFICERS AN	مي ائنى سى دائىدى: «««	ما تسدمدر	d Agent				ORS IN 12	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NO ND DIRECTORS	TE: Registered 13.	d Agent		ired when reinstating) DATE	ND DIRECT	ORS IN 12	
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.