

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V01676

1. Entity Name

CANARIA DEVELOPMENT, INC.

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

04-22-2000 90097 019 ***150.00

Principal Place of Business

782 NW 42 AVE
441
MIAMI FL 33126
US

Mailing Address

% SOUTHERN MANSIONS REALTY, INC.
782 NW 42 AVE., STE. 441
MIAMI FL 33126-5549
US

2. Principal Place of Business

782 NW 42 AVE

3. Mailing Address

clo Southern Mansions Realty, Inc.

Suite, Apt. #, etc.

441

Suite, Apt. #, etc.

441

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

6. Name and Address of Current Registered Agent

LUIS, AGUSTIN O SR.
2115 COUNTRY CLUB PRADO
CORAL GABLES FL 33126

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

Signature typed or printed name of registered agent and then 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

TITLE PSD
NAME LUIS, AGUSTIN O., SR.
STREET ADDRESS 2115 COUNTRY CLUB PRADO
CITY-ST-ZIP CORAL GABLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 (305) 440-8700

CR2E034 (9/99)