

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90084 038 \*\*\*150.00

DOCUMENT # P00000090445  
1. Entity Name  
MADIKERA PROPERTIES, INC ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business: MIAMI  
Suite, Apt. #, etc. P.O. Box 1854  
City & State MIAMI FLORIDA  
Zip 33111 Country UNITED STATES

3. Mailing Address: P.O. Box 1854  
Suite, Apt. #, etc.  
City & State MIAMI FLORIDA  
Zip 33111 Country UNITED STATES

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4. FEI Number 65-1105426  
Applied For Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name JOSE MOUNSAMY  
Street Address (P.O. Box Number is Not Acceptable)  
2000 BISLAYNE BLVD WAY # 5C  
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 \_\_\_\_\_ 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. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	JOSE MOUNSAMY (D) P.O. Box 1854 MIAMI FL 33111
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE MOUNSAMY 04/29/02 (305) 205 8274  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #