

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90104 037 \*\*\*150.00

MESSAGE 1/31

**DOCUMENT # P00000090409**

1. Entity Name  
**MISSION PALMS MANAGER, INC.**



Principal Place of Business  
**7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES FL 33016-5897**

Mailing Address  
**7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES FL 33016-5897**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**RODRIGUEX, CHRISTY  
7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES FL 33016-5897**

7. Name and Address of New Registered Agent  
Name  
**RODRIGUEZ, CHRISTY**  
Street Address (P.O. Box Number is Not Acceptable)  
**7900 MIAMI LAKES DR W**  
City  
**MIAMI LAKES** FL **33016**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Christy Rodriguez* **Christy Rodriguez** DATE **01/08/2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP KISLAK, JAY I 7900 MIAMI LAKES DR WEST MIAMI LAKES FL 33016</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPT BARTELMO, THOMAS 7900 MIAMI LAKES DR WEST MIAMI LAKES FL 33016</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS BRAFMAN, HOWARD J 7900 MIAMI LAKES DR WEST MIAMI LAKES FL 33016</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LUBON, CHERYL 7900 MIAMI LAKES DRIVE WEST HIALEAH FL 33016</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP RODRIGUEZ, CHRISTY 7900 MIAMI LAKES BLVD HIALEAH FL 33016</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LUBOW, CHERYL MIAMI LAKES, FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MIAMI LAKES, FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christy Rodriguez* **SIGNATURE REQUIRED** DATE **01/24/2003** 305-364-4106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)