

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90267 013 \*\*\*150.00

**DOCUMENT # P01000044116**



1. Entity Name  
**INAGUA PROPERTIES INCORPORATED**

Principal Place of Business  
**6290 SOUTHWEST 49TH STREET  
MIAMI FL 33155**

Mailing Address  
**301 SUNRISE DRIVE  
SUITE ~~48E~~ 4BE  
KEY BISCAYNE FL 33149**

2. Principal Place of Business

3. Mailing Address  
**301 SUNRISE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**APT. 4BE**

City & State

City & State  
**KEY BISCAYNE**

4. FEI Number **65-1097918**

Applied For  
 Not Applicable

Zip

Country

Zip  
**FL 33149**

Country  
**MIAMI-DADE**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LORENZO LUACES LOURDES**  
**301 SUNRISE DRIVE**  
**SUITE 48E**  
**KEY BISCAYNE FL 33149**

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

SIGNATURE *[Signature]* **LOURDES LORENZO-LUACES (PRESIDENT)** **2.12.03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LORENZO-LUACES, LOURDES</b>
STREET ADDRESS	<b>301 SUNRISE DRIVE -SUITE 48E</b>
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CABARROCAS, JAVIER</b>
STREET ADDRESS	<b>6290 SOUTHWEST 49TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33155</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 reports 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: *[Signature]* **SIGNATURE REQUIRED** **2.12.03** **305.205.2266**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)