


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

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90132 007 \*\*\*158.75

**DOCUMENT # P02000045387**

1. Entity Name  
**SUMMERVILLE DEVELOPMENT, INC.**



Principal Place of Business  
**14425 COUNTRY WALK DRIVE  
MIAMI FL 33186**

Mailing Address  
**14425 COUNTRY WALK DRIVE  
MIAMI FL 33186**



2. Principal Place of Business  
**13032 S.W. 133rd Court**

3. Mailing Address  
**111 S.W. 3rd Street**

Suite, Apt. #, etc.

**Sixth Floor**

CHECK HERE IF MAKING CHANGES

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip  
**33186**

Country  
**USA**

Zip  
**33130**

Country  
**USA**

4. FEI Number  
**56-2306279**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHUMER, KARL J P.A.  
ONE TURNBERRY PLACE, SUITE 807  
19495 BISCAYNE BLVD.  
AVENTURA FL 33180-2321**

7. Name and Address of New Registered Agent

Name  
**Elliott Harris, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**111 S.W. 3rd Street  
Sixth Floor**

City  
**Miami**

FL Zip Code  
**33130**

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  DATE **1/30/03**

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	PD <b>GARCIA-CARRILLO, MICHAEL 14425 COUNTRY WALK DRIVE MIAMI FL 33186</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>CASTELLANOS, RAY 14425 COUNTRY WALK DRIVE MIAMI FL 33186</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>GARCIA-CARRILLO, PEDRO 14425 COUNTRY WALK DRIVE MIAMI FL 33186</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>SCHUMER, KARL J 19495 BISCAYNE BLVD., SUITE 807 AVENTURA FL 33180</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13032 S.W. 133rd Court Miami, Florida 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13032 S.W. 133rd Court Miami, Florida 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13032 S.W. 133rd Court Miami, Florida 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>AS Elliott Harris 111 S.W. 3rd Street, 6th Floor Miami, Florida 33130</b>
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

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:  DATE **1/30/03** (305) 358-0146 Daytime Phone #

**ELLIOTT HARRIS, SECRETARY**

CR2E034 (10/02)