2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90258 036 ***150.00

DOCUMENT # P02000058148

1. Entity Name
ARCHIPLAN DEVELOPMENT DADELAND, INC.

Principal Place of Business
1221 BRICKELL AVENUE #2100
MIAMI FL 33131

Mailing Address
1221 BRICKELL AVENUE #2100
MIAMI FL 33131

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	1221 Brickell Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite # 1590
City & State	City & State Miami, Fl
Zip / Country	Zip 33131 / Country Dade

4. FEI Number: Applied For ☐ / Not Applicable ☐

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
MARTIN, PEDRO A C/O GREENBERG TRAURIG, P.A. 1221 BRICKELL AVENUE MIAMI FL 33131	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, 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 NAME STREET ADDRESS CITY-ST-ZIP	Ignacio Hernandez ☐ Delete Pres.	☐ Change ☑ Addition 1221 Brickell Ave Suite #1590, Miami, Fl 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Raimundo Onetto ☐ Delete V.P. - Tre.	☐ Change ☐ Addition 1221 Brickell Ave Suite #1590, Miami, Fl 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jorge Rosenblyt ☐ Delete Sec.	☐ Change ☐ Addition 1221 Brickell Ave Suite #1590, Miami	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	

CR2EC34 (10/02)

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: _____ 4-29-03 (305) 373-2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #