## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## **FILED** Mar 05, 2002 8:00 am Secretary of State P97000089534 DOCUMENT # 1. Entity Name DOUGLAS ROAD PROPERTY, INC. 03-05-2002 90013 042 \*\*\*150.00 Principal Place of Business Mailing Address 901 PONCE DE LEON BLVD SUITE 501 901 PONCE DE LEON BLVD SUITE 501 CORAL GABLES FL 33134 **CORAL GABLES FL 33134** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number\_ City & State City & State 65-0795637 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IRIONDO, ANDRES J CPA Street Address (P.O. Box Number is Not Acceptable) 901 PONCE DE LEON BLVD SUITE 501 **CORAL GABLES FL 33134** Zip Code City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE CABALLERO, LOURDES G NAME NAME STREET ADDRESS 611 OCEAN DR SUITE 9F STREET ADDRESS **KEY BISCAYNE FL 33149** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete VΡ TITLE TITLE PUIG, MARIANA C NAME NAME 2645 S BAYSHORE DR SUITE 304 STREET ADDRESS STREET ADDRESS COCONUT GROVE FL 33133 CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change ☐ Delete TITLE CABALLERO, PATRICIA NAME NAME STREET ADDRESS 2726 ALTON RD STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if