

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

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91602 005 ***150.00

DOCUMENT # **999 000067200**

1. Entity Name

LAND ADVISORS, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

150 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

SUITE #1240

City & State

CORAL GABLES

Zip

MIAMI-DADE

Country

33134

4. FEI Number

650974388

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

MARIO FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)

150 ALHAMBRA CIRCLE

SUITE # 1240

City

CORAL GABLES, 33134

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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

Mario Fernandez - MARIO FERNANDEZ - PRESIDENT

9/19/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARIO FERNANDEZ 150 ALHAMBRA CIRCLE SUITE 1240 CORAL GABLES, FLA., 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mario Fernandez - MARIO FERNANDEZ

5/20/02 (305) 461-0494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #