

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90002 040 ***150.00

DOCUMENT # H03738

1. Entity Name

BATAN MIAMI CORP.



Principal Place of Business

C/O PACIFIC R E MGMT CORP
2600 DOUGLAS ROAD #1004
MIAMI FL 33145
US

Mailing Address

C/O PACIFIC R E MGMT CORP
2600 DOUGLAS ROAD #1004
MIAMI FL 33145
US

J4U07001



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3227527

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA
25 S.E. SECOND AVENUE, SUITE #900
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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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 P ☒ Delete
NAME SCHULTHEIS, THEODORE
STREET ADDRESS 2600 DOUGLAS ROAD
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☒ Addition
NAME **Maria del Carmen Morla**
STREET ADDRESS **2600 Douglas Road, Suite 1009**
CITY-ST-ZIP **Coral Gables, FL 33134** **OFFICER**

TITLE ☐ Delete
NAME DVP
NAME ISAIAS, ROBERTO
STREET ADDRESS 2600 DOUGLAS ROAD
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DT
NAME ISAIAS, WILLIAM
STREET ADDRESS 2600 DOUGLAS ROAD
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DS
NAME ISAIAS, ESTEFANO
STREET ADDRESS 2600 DOUGLAS ROAD
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #