

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90260 043 ***150.00

DOCUMENT # 445035

1. Entity Name
PIPE LAND CORPORATION

Principal Place of Business

**1110 BRICKELL AVE
 SUITE 313
 MIAMI FL 33131
 US**

Mailing Address

**1110 BRICKELL AVE
 SUITE 313
 MIAMI FL 33131
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-150777**

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

**DELVALLE, IGNACIO G.
 100 SE 2 STREET
 SUITE 4000
 MIAMI FL 33131**

Name **Ignacio G. del Valle**

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

201 S. Biscayne Blvd.

Suite 3400 - Miami Center

City

Miami

FL

Zip Code
33131

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

Ignacio G. del Valle

4/11/02

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **GATO, ALINA F.H.**
 STREET ADDRESS **201 EVERGLADES AVENUE, UNIT 105**
 CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE **S** ☐ Delete
 NAME **DEL VALLE, IGNACIO G.**
 STREET ADDRESS **100 SE 2 STREET, SUITE 4000**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **201 S. Biscayne Blvd., Suite 3400**
 CITY-ST-ZIP **Miami, Florida 33131**

TITLE **TVP** ☐ Delete
 NAME **DE ARMAS, ALICIA**
 STREET ADDRESS **1110 BRICKELL AVENUE, SUITE 313**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **ASVP** ☐ Delete
 NAME **GUERRERO, CLARA E.**
 STREET ADDRESS **1110 BRICKELL AVENUE, SUITE 313**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE:

Alina F. H. Gato
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alina F. H. Gato, President

4-24-02

Date

305-312-1711

Daytime Phone #

0201011 AV

CR2E034 (9/01)