FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90144 023 ***150.00

DOCUMENT # 5C5515

1. Entity Name

F & L Developers, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
250 Cocoplum Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State
Zip: 33143 Country: U.S.A.	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1794524 ☐ 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: Francisco J. Perez

Street Address (P.O. Box Number is Not Acceptable): 250 Cocoplum Road

City: Coral Gables FL Zip Code: 33143

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: Francisco J. Perez, President-Secretary
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE: President-Secretary, Director NAME: Francisco J. Perez STREET ADDRESS: 250 Cocoplum Road CITY-ST-ZIP: Coral Gables, FL 33143	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Vice President, Director NAME: Frank C. Perez STREET ADDRESS: 6665 SW 69 Lane CITY-ST-ZIP: South Miami, FL 33143	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Director NAME: Lillian D. Perez STREET ADDRESS: 250 Cocoplum Road CITY-ST-ZIP: Coral Gables FL 33143	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/02)

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

Francisco J. Perez

SIGNATURE: Pres.-Sec. 4/1/03 305-665-5646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #