

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 624896

1. Entity Name

PONCE DEVELOPMENT COMPANY

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90091 028 ***150.00

Principal Place of Business
25 SE 2ND AVE #1005
SUITE 1005
MIAMI FL 33131-1604
US

Mailing Address
25 SE 2ND AVE
SUITE 1005
MIAMI FL 33131-1604
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 59-1929188

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

MARTINEZ-CID, RICARDO
1699 CORAL WAY, SUITE 510
MIAMI FL 33145

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.

SIGNATURE *Jorge J. Bosch, President*

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, 2000 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	V	<input type="checkbox"/> Delete
NAME	BOSCH, JOSE I	
STREET ADDRESS	25 S.E. 2ND AVE., SUITE 1005	
CITY-ST-ZIP	MIAMI FL 33131-1604	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOSCH, JORGE J	
STREET ADDRESS	25 S.E. 2ND AVE., SUITE 1005	
CITY-ST-ZIP	MIAMI FL 33131-1604	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LOPEZ-PRieto, CLARA	
STREET ADDRESS	25 S.E. 2ND AVE., SUITE 1005	
CITY-ST-ZIP	MIAMI FL 33131-1604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jorge J. Bosch, President* (305) 373-0553 4/17/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2000 10/00