

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 624896

1. Entity Name  
**PONCE DEVELOPMENT COMPANY**

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90005 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  
**As above**

3. Mailing Address  
**As above**

Suite, Apt. #, etc.

City & State

City & State

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

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

7. Name and Address of New Registered Agent

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, Jr. President DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BOSCH, JOSE I</b>		NAME		
STREET ADDRESS	<b>25 S.E. 2ND AVE., SUITE 1005</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33131-1604</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BOSCH, JORGE J</b>		NAME		
STREET ADDRESS	<b>25 S.E. 2ND AVE., SUITE 1005</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33131-1604</b>		CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LOPEZ-PRIETO, CLARA</b>		NAME		
STREET ADDRESS	<b>25 S.E. 2ND AVE., SUITE 1005</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33131-1604</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 4/4/01 (305) 373 0553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)