

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90106 027 ***150.00

DOCUMENT # 624896

1. Entity Name

PONCE DEVELOPMENT COMPANY

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

Suite, Apt. #, etc.

3. Mailing Address

As above

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1929188

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

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

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

TITLE **V** ☐ Delete
 NAME **BOSCH, JOSE I**
 STREET ADDRESS **25 S.E. 2ND AVE., SUITE 1005**
 CITY-ST-ZIP **MIAMI FL 33131-1604**

TITLE **P** ☐ Delete
 NAME **BOSCH, JORGE J**
 STREET ADDRESS **25 S.E. 2ND AVE., SUITE 1005**
 CITY-ST-ZIP **MIAMI FL 33131-1604**

TITLE **ST** ☐ Delete
 NAME **LOPEZ-PRieto, CLARA**
 STREET ADDRESS **25 S.E. 2ND AVE., SUITE 1005**
 CITY-ST-ZIP **MIAMI FL 33131-1604**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clara López-Prieto 4/22/02 (305) 373-0553

Sec./Treasurer

Date

Daytime Phone #

CR2E034 (9/01)