

2002 UNIFORM BUSINESS REPORT (UBR)

0010661 AT

DOCUMENT # A00000001287

1. Entity Name

REDLAND ESTATE PROPERTIES, LTD.

FILED

02 MAY - 1 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% A&P REGISTERED AGENT, INC.
2450 SW 137TH AVE., SUITE 226
MIAMI FL 33175

Mailing Address

% A&P REGISTERED AGENT, INC.
2450 SW 137TH AVE., SUITE 226
MIAMI FL 33175



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 226

Suite, Apt. #, etc.

Suite 226

City & State

City & State

4. FEI Number

65-1034145
APPLIED FOR

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

MARIO PING
6860 N.W. 75TH STREET
MEDLEY FL 33166

7. Name and Address of New Registered Agent

Name: A&P Registered Agent, Inc.
Street Address (P.O. Box Number is Not Acceptable):
2450 SW 137 Ave
Suite 226
City: Miami FL Zip Code: 33175

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.

DATE

9. Capital Contributions
as Shown on record

\$9000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000078118
NAME REDLAND ESTATE PROPERTIES, INC.
STREET ADDRESS 2450 SW 137TH AVE., SUITE 226
CITY-ST-ZIP MIAMI FL 33175

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS 600005450566--8
CITY-ST-ZIP -05/03/02--01075--016
****151.75 ****151.75

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/02

Date

Daytime Phone #

CR2E003 (9/01)