

2002 UNIFORM BUSINESS REPORT (UBR)

0001494 AV

DOCUMENT # **A94000000826**

1. Entity Name

LAND 1 (ONE), LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03

Principal Place of Business

C/O JOSE VALLE
3200 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134

Mailing Address

C/O JOSE VALLE
3200 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134



2. Principal Place of Business

7305 SW 107 Ave

3. Mailing Address

7305 SW 107 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0499179

Applied For

Not Applicable

Zip

33173

Country

Zip

33173

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALLE, JOSE
3200 PRINCE DE LEON BLVD., 2ND FLOOR
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Jose Valle**
Street Address (P.O. Box Number is Not Acceptable)
7305 SW 107 Ave
City **Miami** FL Zip Code **33173**

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.

Jose Valle President 1-29-02

DATE

9. Capital Contributions as Shown on record

\$250,000.00

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

DOCUMENT # **P94000045966**
NAME **VALLE FAMILY PROPERTIES, INC.**
STREET ADDRESS **3200 PONCE DE LEON BLVD., 2ND FLOOR**
CITY-ST-ZIP **CORAL GABLES FL 33134**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
800004925008--9
-02/14/02--01030--020
******535.00 ****535.00**

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 REQUIRED **Jose Valle**

1-29-02 305447-1190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)