2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2002 8:00 AM
Secretary of State

DOCUMENT# F09826

Entity Name: PENINSULAR DEVELOPMENT CORP.

Current Principal Place of Business:

%MORAITIS, COFAR & KARNEY
915 MIDDLE RIVER DRIVE #506
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

%MORAITIS, COFAR & KARNEY
915 MIDDLE RIVER DRIVE #506
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 59-2035163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORAITIS, GEORGE R.
915 MIDDLE RIVER DRIVE #506
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DVPS	( ) Delete
Name:	BARBERI, JUAN MANUEL,	
Address:	1800 S. OCEAN BLVD.	
City-St-Zip:	POMPANO BEACH, FL	
Title:	DP	( ) Delete
Name:	BARBERI, LUZ MARIA,	
Address:	1800 S. OCEAN BLVD.	
City-St-Zip:	POMPANO BEACH, FL	
Title:	V	( ) Delete
Name:	MORAITIS,GEORGE R.,	
Address:	915 MIDDLE RIVER DR.	
City-St-Zip:	FT. LAUDERDALE, FL	
Title:	DVPT	( ) Delete
Name:	BARBERI, FRANCISCO J, OSE	
Address:	1800 SO. OCEAN BLVD.	
City-St-Zip:	POMPANO BEACH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN BARBERI DVPS 04/19/2002

Electronic Signature of Signing Officer or Director — Date