

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91523 039 ***150.00

DOCUMENT # F98000002857
 1. Entity Name
PEEBLES ATLANTIC DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
100 SE 2ND ST., SUITE 4650 **100 SE 2ND ST., SUITE 4650**
MIAMI FL 33131 **MIAMI FL 33131**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1878092**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME PEEBLES, R. D.
 STREET ADDRESS 100 SE 2ND ST., SUITE 4650
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE EVP
 NAME MATLOF, RICHARD
 STREET ADDRESS 100 SE 2ND ST., #4650
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE T
 NAME LOPEZ-DUPREY, RENE
 STREET ADDRESS 100 SE 2ND ST., SUITE 4650
 CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE Treasurer
 NAME Judith Gaskell
 STREET ADDRESS 100 S.E. 2nd St, Suite 4650
 CITY-ST-ZIP Miami, FL. 33131 ☐ Change ☒ Addition

TITLE S
 NAME KOHLER, MICHELLE
 STREET ADDRESS 100 SE 2ND ST., SUITE 4650
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE Secretary & Senior V.P.
 NAME Kohler, Michelle
 STREET ADDRESS 100 SE 2nd St, Suite 4650
 CITY-ST-ZIP Miami, Florida 33131 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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: *R. Donahue Peebles* April 19, 2002 (305) 995-5348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)