

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90026 003 \*\*\*158.75

**DOCUMENT # F99000004164**

1. Entity Name

**IST. PELLICER ENTERPRISES, INC.**

Principal Place of Business

**235 LINCOLN ROAD, SUITE 204  
 MIAMI BEACH FL 33139**

Mailing Address

**235 LINCOLN ROAD, SUITE 204  
 MIAMI BEACH FL 33139**

2. Principal Place of Business

**437 41st St.**

3. Mailing Address

**437 41st St.**

Suite, Apt. #, etc.

**214**

Suite, Apt. #, etc.

**214**

City & State  
**Miami Beach, FL**

City & State  
**Miami Beach, FL**

4. FEI Number **65-0907805**

Applied For

Not Applicable

Zip

**33140**

Country

**USA**

Zip

**33140**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**305-6720-9200 MANAGEMENT, INC  
 235 LINCOLN ROAD #204  
 MIAMI FL 33139**

Name  
**305-672-9200 Management, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**437 41st St. #200**

**Miami Beach, FL 33140**

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 Pres./305-672-9200 Management, Inc. 4/25/01

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, 2001 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 NAME  Delete  
**CDPV SCHMITT, RS**  
 STREET ADDRESS **235 LINCOLN ROAD, SUITE 204**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**ST SCHMITT, RS**  
 STREET ADDRESS **235 LINCOLN ROAD, SUITE 204**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
**CDPVST Aimee St. Pellicer**  
 STREET ADDRESS **437 41st St. #214**  
 CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

Pres. 4/25/01

305-672-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)