

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G16732

1. Entity Name  
L.V. OF DADELAND, INC.

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90520 043 \*\*\*150.00

Principal Place of Business

340 ROYAL POINCIANA WAY  
STE 316  
PALM BCH FL 33480

Mailing Address

340 ROYAL POINCIANA WAY  
STE 316  
PALM BCH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2279686**

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

7. Name and Address of New Registered Agent

CARSON, DONALD W.  
340 ROYAL POINCIANA WAY  
STE 316  
PALM BEACH FL 33480

Name  
**Armando A. Tabernilla**  
Street Address (P.O. Box Number is Not Acceptable)  
**340 Royal Poinciana Way, Suite 316**  
City **Palm Beach** **FL** Zip Code **33480**

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  **Armando A. Tabernilla** **2/1/01**

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 **DC** ☒ Delete  
NAME **FANJUL, ALFONSO**  
STREET ADDRESS **340 ROYAL POINCIANA WAY STE 316**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **VT** ☐ Change ☒ Addition  
NAME **Blomqvist, Erik J.**  
STREET ADDRESS **340 Royal Poinciana Way, Suite 316**  
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **PTD** ☒ Delete  
NAME **FANJUL, JOSE**  
STREET ADDRESS **340 ROYAL POINCIANA WAY STE 316**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **DVS** ☐ Change ☒ Addition  
NAME **Tabernilla, Armando A.**  
STREET ADDRESS **340 Royal Poinciana Way, Suite 316**  
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **DVS** ☐ Delete  
NAME **CARSON, DONALD**  
STREET ADDRESS **340 ROYAL POINCIANA WAY STE 316**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **DP** ☒ Change ☐ Addition  
NAME **Hernandez, Oscar R.**  
STREET ADDRESS **340 Royal Poinciana Way, Suite 316**  
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **V** ☐ Delete  
NAME **PORTUONDO, AURELIO**  
STREET ADDRESS **340 ROYAL POINCIANA WAY STE 316**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **V** ☐ Change ☒ Addition  
NAME **Hernandez, Oscar R.**  
STREET ADDRESS **340 Royal Poinciana Way, Suite 316**  
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **AS** ☒ Delete  
NAME **BAKER, DAVID H.**  
STREET ADDRESS **340 ROYAL POINCIANA WAY STE 316**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **AS** ☐ Change ☐ Addition  
NAME **Fernandez, Luis J.**  
STREET ADDRESS **340 Royal Poinciana Way, Suite 316**  
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **AS** ☒ Delete  
NAME **DEL BUSTO, JORGE**  
STREET ADDRESS **340 ROYAL POINCIANA WAY STE 316**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **DV** ☐ Change ☒ Addition  
NAME **Fernandez, Luis J.**  
STREET ADDRESS **340 Royal Poinciana Way, Suite 316**  
CITY-ST-ZIP **Palm Beach, FL 33480**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Armando A. Tabernilla,**  
**Vice President**

**2/1/2001**

Date

**561-655-6303**

Daytime Phone #

CR2E034 (10/00)