

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90091 019 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K92466

1. Entity Name

PINE LAND INVESTMENTS, INC.



70011781

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1960 S HIBISCUS DR

Suite, Apt. #, etc.

3. Mailing Address
1960 S HIBISCUS DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI

City & State
NORTH MIAMI, FL

4. FEI Number
65-0126905

Applied For
Not Applicable

Zip
33181

Country

Zip
33181

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name TRIAY, CARLOS A.

Street Address (P.O. Box Number is Not Acceptable)

10570 NW 27 STREET SUITE 103

City MIAMI

FL

Zip Code
33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
P	GOYANES, JOSE	16870 NW 78 PL	MIAMI FL 33016
ST	GONZALEZ, REYNALDO E.	1960 S HIBISCUS DR	NORTH MIAMI FL

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-03

Date

Daytime Phone #

CR2E034B (12/02)