

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90165 046 \*\*\*150.00

**DOCUMENT # M47232**

1. Entity Name  
**COWAN LAND COMPANY**



Principal Place of Business  
**C/O CARLOS ANLLO**  
**126 MADEIRA AVE**  
**MIAMI FL 33134**  
**US**

Mailing Address  
**C/O CARLOS ANLLO**  
**126 MADEIRA AVE**  
**CORAL GABLES FL 33134**  
**US**

20013437



**XX** CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**3350 S.W. 129 AVENUE**  
Suite, Apt. #, etc.

3. Mailing Address  
**3350 S.W. 129 AVENUE**  
Suite, Apt. #, etc.

City & State  
**MIAMI, FL.**

City & State  
**MIAMI, FL.**

4. FEI Number **65-0012660**

Applied For  
Not Applicable

Zip **33175** Country **U.S.A.**

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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

**ANLLO, CARLOS**  
**3350 SW 129 AVE**  
**MIAMI FL 33175**

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. 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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANLLO, CARLOS</b> <b>3350 SW 129 AVE</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **CARLOS ANLLO**

1-16-03. (305) 812-0052.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)