

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004106

1. Entity Name

UNDERLAND PRIVAT INC.

**FILED**  
Jul 18, 2001 8:00 am  
Secretary of State

07-18-2001 90014 015 \*\*\*\*61.25

Principal Place of Business Mailing Address  
3835 N.W. 32ND AVENUE, #E 3835 N.W. 32ND AVENUE, #E  
MIAMI FL 33142 MIAMI FL 33142

2. Principal Place of Business SAME  
3. Mailing Address SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 05-1018778 09180042 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CRESPO, VERONICA  
3835 N.W. 32ND AVENUE, #E  
MIAMI FL 33142

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CRESPO, MONSERRAT	
STREET ADDRESS	3835 N.W. 32ND AVENUE, #E	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRESPO, VERONICA	
STREET ADDRESS	3835 N.W. 32ND AVENUE, #E	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUERRA, WILFREDO	
STREET ADDRESS	3835 N.W. 32ND AVENUE, #E	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TEXEIRA, MEREDITH	
STREET ADDRESS	3835 N.W. 32ND AVENUE, #E	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNIE G. CRESPO	
STREET ADDRESS	3835 NW 32 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONSERRAT M. CRESPO	
STREET ADDRESS	3835 NW 32 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESPO, VERONICA	
STREET ADDRESS	3835 NW 32 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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

VERONICA  
A. CRESPO 305 322 8578

CR2E037 (5/01)