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FILED
May 21, 2002 8:00 am
Secretary of State

04-02-2002 90913 048 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006621

1. Entity Name

SONS OF OUR LAND, INC.

Principal Place of Business

1300 SOUTH OCEAN BOULEVARD
 (UNIT 703)
 POMPANO BEACH FL 33062

Mailing Address

1300 SOUTH OCEAN BOULEVARD
 UNIT 703
 POMPANO BEACH FL 33062

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0960401

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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

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

TITLE PD ☐ Delete
 NAME LETTERSTEN, THOMAS F
 STREET ADDRESS 1300 SOUTH OCEAN BOULEVARD
 CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE SD ☐ Delete
 NAME BROWN, SHARON
 STREET ADDRESS 1300 SOUTH OCEAN BOULEVARD
 CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE TD ☒ Delete
 NAME BLAZQUEZ, EDUARDO C
 STREET ADDRESS 1300 SOUTH OCEAN BOULEVARD
 CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME JOSE LUQUE
 STREET ADDRESS 450 S. PARK RD. APT 307
 CITY-ST-ZIP HOLLYWOOD, FL 33021-8741

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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 JOSE LUQUE

3/14/02

954-6526633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)