

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90699 021 ***150.00

DOCUMENT # *P000000004619*

1. Entity Name

DESIGN & PLANNING CONSULTANTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 SW 33 AVE

Suite, Apt. #, etc.

3. Mailing Address

3845 S.W. 1ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-3628660

Applied For

Not Applicable

Zip

33135

Country

U.S.A.

Zip

33134

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALFREDO SANCHEZ

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

5200 SW 8 ST

MIAMI

City

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

PRESIDENT

NAME

ROSA A. DE LA ROSA

STREET ADDRESS

3845 SW 1ST

CITY-ST-ZIP

MIAMI, FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VICE-PRESIDENT

NAME

RITA C. PUENTES

STREET ADDRESS

21 S.W. 33 AVE

CITY-ST-ZIP

MIAMI, FL 33135

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

SECRETARY

NAME

ADRIANA C. PUENTES

STREET ADDRESS

21 SW 33 AVE

CITY-ST-ZIP

MIAMI, FL 33135

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

TREASURER

NAME

LORENZO A. PUENTES

STREET ADDRESS

21 SW 33 AVE

CITY-ST-ZIP

MIAMI, FL 33135

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosa A. de la Rosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

Date

305.447.0074

Daytime Phone #

CR2E034B (12/01)