

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90073 004 ***150.00

DOCUMENT # P00000017162

1. Entity Name
PALMYRA FLORIDA, INC.



Principal Place of Business
C/O LOUIS O. MOYA
201 S. BISCAYNE BLVD., STE. 1280
MIAMI FL 33131

Mailing Address
C/O LOUIS O. MOYA
201 S. BISCAYNE BLVD., STE. 1280
MIAMI FL 33131



2. Principal Place of Business

550 BILTMORE WAY
Suite, Apt. #, etc.
#1210

3. Mailing Address

550 BILTMORE WAY
Suite, Apt. #, etc.
#1210

☐ CHECK HERE IF MAKING CHANGES

City & State
CORAL GABLES FL.

City & State
CORAL GABLES FL.

4. FEI Number 65-1011770

Applied For
Not Applicable

Zip Country
33134 USA

Zip Country
33134 USA

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

MARTIN, PEDRO A ESQ
C/O GREENBERG TRAUIG, P.A.
1221 BRICKELL AVE.
MIAMI FL 33131

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 P
NAME RAMIREZ, DONALD S. ☐ Delete
STREET ADDRESS 9834 COSTA DEL SOL BLVD.
CITY-ST-ZIP MIAMI FL 33178

TITLE P ☒ Change ☐ Addition
NAME RAMIREZ, DONALD S.
STREET ADDRESS 626 CORAL WAY # 1102
CITY-ST-ZIP CORAL GABLES FL. 33134

TITLE S ☐ Delete
NAME RAMIREZ, HENRY F
STREET ADDRESS 9834 COSTA DEL SOL BLVD.
CITY-ST-ZIP MIAMI FL 33178

TITLE S ☒ Change ☐ Addition
NAME RAMIREZ, HENRY F.
STREET ADDRESS 626 CORAL WAY # 1102
CITY-ST-ZIP CORAL GABLES FL. 33134

TITLE TR ☐ Delete
NAME RAMIREZ, JUAN B
STREET ADDRESS 9834 COSTA DEL SOL BLVD.
CITY-ST-ZIP MIAMI FL 33178

TITLE TR ☒ Change ☐ Addition
NAME RAMIREZ, JUAN B.
STREET ADDRESS 626 CORAL WAY # 1102
CITY-ST-ZIP CORAL GABLES FL. 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
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)(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 officers empowered.

SIGNATURE: **SIGNATURE REQUIRED** DONALD RAMIREZ 2-4-03 (305) 448-4091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES.
Date Daytime Phone #

CR2E034 (10/02)