

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90449 035 \*\*\*150.00

**DOCUMENT # P00000078118**

1. Entity Name  
**REDLAND ESTATE PROPERTIES, INC.**

Principal Place of Business

% A&P REGISTERED AGENT, INC.  
 2450 SW 137TH AVE., SUITE 226  
 MIAMI FL 33175

Mailing Address

% A&P REGISTERED AGENT, INC.  
 2450 SW 137TH AVE., SUITE 226  
 MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*Suite 226*

Suite, Apt. #, etc.

*Suite 226*

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1039145**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PINO, MARIO**  
**6880 NW 75TH ST**  
**MEDLEY FL 33166**

7. Name and Address of New Registered Agent

Name **A&P Registered Agent, Inc.**  
 Street Address (P.O. Box Numbers Not Acceptable)  
**2450 SW 137 Ave**  
**Suite 226**  
 City **Miami** **FL** Zip Code **33175**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/26/02**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PST</b>			
	<b>PINO, MARIO</b>			
	<b>2450 SW 137TH AVE., SUITE 226</b>			
	<b>MIAMI FL 33175</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>PST</b>				
	<b>PINO, MARIO</b>				
	<b>2450 SW 137TH AVE., SUITE 226</b>				
	<b>MIAMI FL 33175</b>				

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/02**

Daytime Phone #

CR2E034 (9/01)