

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90167 025 ***150.00

DOCUMENT # P00000090414

1. Entity Name
MISSION PALMS INVESTMENTS, INC.



Principal Place of Business
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016-5897

Mailing Address
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016-5897

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1043548

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRAFMAN, HOWARD J
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016-5897

7. Name and Address of New Registered Agent

Name
RODRIGUEZ, CHRISTY
Street Address (P.O. Box Number is Not Acceptable)
7900 MIAMI LAKES DRIVE W

City **MIAMI LAKES** **State** **FL** **Zip Code** **33016**

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

Christy Rodriguez
Signature, typed or printed name of registered agent and title if applicable.

Christy Rodriguez

(NOTE: Registered Agent signature required when reinstating)

DATE

01/08/2003

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

TITLE **DP** ☐ Delete
NAME **KISLAK, JAY I**
STREET ADDRESS **7900 MIAMI LAKES DR WEST**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **DVPT** ☐ Delete
NAME **BARTELMO, THOMAS**
STREET ADDRESS **7900 MIAMI LAKES DR WEST**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **DVPS** ☐ Delete
NAME **LOBOW, CHERYL**
STREET ADDRESS **7900 MIAMI LAKES DR WEST**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **AVP** ☐ Delete
NAME **RODRIGUEZ, CHRISTY**
STREET ADDRESS **7900 MIAMI LAKES DRIVE WEST**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **S** ☒ Change ☐ Addition
NAME **LUBOW, CHERYL**
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
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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

01/24/2003

305-364-4106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)