## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE:

## Jun 07, 2001 8:00 am Secretary of State DOCUMENT # P00000104664 05-15-2001 90181 015 \*\*\*150.00 UPRIGHT LAND DEVELOPERS, INC. Principal Place of Business Mailing Address 033/ 55 WESTON ROAD 55 WESTON ROAD SUITE 104 SUITE 104 SUNRISE FL 33326 SUNRISE FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulta, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-106823 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -PRIETO, EDWARD J Street Address (P.O. Box Number is Not Acceptable) 55 WESTON ROAD SUITE 104 SUNRISE FL 33326 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: F agrissared Agent algorithms required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete TITLE ☐ Change . Addition TITLE Owner. Edward Prieto NAME Laketree Drive STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 333240 ☐ Addition ☐ Chance Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 to stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if