

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91522 013 \*\*\*150.00

**DOCUMENT # P00000111967**

1. Entity Name

**SUTTONWOOD DEVELOPMENT CORP.**

Principal Place of Business

**145 MADEIRA AVENUE SUITE 310  
 CORAL GABLES FL 33134**

Mailing Address

**145 MADEIRA AVENUE SUITE 310  
 CORAL GABLES FL 33134**

2. Principal Place of Business

**1300 Brickell Ave**

3. Mailing Address

**1300 Brickell Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

**Miami FL**

4. FEI Number

**65-1061694**

Applied For

Not Applicable

Zip

**33131**

Country

**USA**

Zip

**33131**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ DE VARONA, RAUL J  
 145 MADEIRA AVENUE SUITE 310  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**Jose A. Rodriguez**

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

**150 Alhambra Circle**

City

**Suite 1270**

**Coral Gables**

**FL**

Zip Code

**33134**

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]**

(NOTE: Registered Agent signature required when reinstating)

**4/29/02**  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>D</b>			
	<b>SANCHEZ DE VARONA, RAUL J</b>	<b>145 MADEIRA AVENUE SUITE 310</b>	<b>CORAL GABLES FL 33134</b>	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>P/S/D</b>				
	<b>Edgardo Defortuna</b>	<b>1300 Brickell Avenue</b>	<b>Miami, Florida 33131</b>		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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]** President Edgardo Defortuna 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)