

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000002514

1. Entity Name

BISCAYNE PREMIER INVESTMENTS, INC.

FILED

03 JAN -3 PM 3: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2200 South Dixie Highway

Suite, Apt. #, etc.

Suite 705

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

65-1074926

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Angel M. Garcia-Oliver, P.A.

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

2200 South Dixie Highway, Suite 705

City Miami

FL

Zip Code
33133

**DO NOT WRITE
IN THIS SPACE**

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

11/21/2002

Signature typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when ratifying)

DATE

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

**January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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
P/D
Jorge A. Zamorano
STREET ADDRESS
2200 South Dixie Hwy., Ste. 705
CITY-ST-ZIP
Miami, Florida 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000009817200

TITLE
NAME
VP
Gustavo Ulloa
STREET ADDRESS
299 190th Street
CITY-ST-ZIP
Sunny Isles, Florida 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
S
Monica Gordillo
STREET ADDRESS
299 190th Street
CITY-ST-ZIP
Sunny Isles, Florida 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
T/D
Leonor Gallego
STREET ADDRESS
2200 South Dixie Hwy., Ste. 705
CITY-ST-ZIP
Miami, Florida 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

11/21/2002

Date

Daytime Phone #

CR2E034B (12/01)



ACCOUNT NO. : 072100000032

REFERENCE : 877431 7361995

AUTHORIZATION :

Patricia Pignatelli

COST LIMIT : \$ 158.75

ORDER DATE : January 2, 2003

ORDER TIME : 11:40 AM

ORDER NO. : 877431-005

CUSTOMER NO: 7361995

CUSTOMER: Angel M. Garcia-oliver, Esq.
Angel M. Garcia-oliver, P.a.
269b Giralda Avenue
Suite 302
Coral Gables, FL 33134

ANNUAL REPORT FILING

NAME: BISCAYNE PREMIER INVESTMENTS,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS: _____

RECEIVED

DEPARTMENT OF REVENUE
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
JAN 3 11:11 AM '03