

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90069 012 \*\*\*155.00

**DOCUMENT # P01000006318**

1. Entity Name  
**FLORIDA'S PROPERTY MANAGEMENT GROUP CORP.**



Principal Place of Business  
**11033 W. OKEECHOBEE RD.  
STE 102  
HIALEAH GARDENS FL 33018**

Mailing Address  
**11033 W. OKEECHOBEE RD.  
STE 102  
HIALEAH GARDENS FL 33018**

2. Principal Place of Business  
**2500 W. 78 STREET  
Suite, Apt. #, etc.  
BAY # 4**

3. Mailing Address  
**P.O. Box 160718  
Suite, Apt. #, etc.**

City & State  
**HIALEAH, FL  
Zip 33016 Country U.S.A.**

City & State  
**HIALEAH, FL  
Zip 33016 Country U.S.A.**

4. FEI Number **65-1069026**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FERRO, NOEL  
11027 W. OKEECHOBEE RD.  
#102  
HIALEAH GARDENS FL 33018**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 **NOEL FERRO** DATE **1-8-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PTD	<input type="checkbox"/> Delete
NAME	FERRO, NOEL	
STREET ADDRESS	11027 W. OKEECHOBEE RD. #102	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FERRO, ORLANDO	
STREET ADDRESS	11033 W OKEECHOBEE RD. #102	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	TSR	<input type="checkbox"/> Delete
NAME	LAMELAS, YAQUELIN	
STREET ADDRESS	11027 W. OKEECHOBEE RD. #102	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRO, DORELIA	
STREET ADDRESS	11033 W. OKEECHOBEE RD. #102	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 FERRO**

1-8-03

305-821-1794

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)