FILED
Jun 16, 2002 8:00 am
Secretary of State
05-24-2002 91327 040 ***150.00

[redacted]

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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000014455

1. Entity Name
TOWNHOMES DEVELOPMENT CORP.

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2. Principal Place of Business	3. Mailing Address
7945 SW 98TH TERR	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33156 Country: U.S.A.	Zip Country

4. FEI Number: 65-1081392 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: HANNIA IRIARTE

Street Address (P.O. Box Number is Not Acceptable): 175 FONTAINEBLEAU BLVD STE 1-B

City: MIAMI FL Zip Code: 33172

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 thru May 1 Fee is $150.00
After May 1 Fee is $550.00
Annual 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	PRESIDENT
NAME	DAVID JUELLE
STREET ADDRESS	7945 SW 98TH TERR
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	SECRETARY
NAME	LILLIAN A. DE LA ACENA
STREET ADDRESS	7945 SW 98TH TERR
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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: David Juelle president 6/11/02 (786)295-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF-FLS2S81F.1