

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91530 018 \*\*\*150.00

DOCUMENT # **P01000015119**

1. Entity Name

**SAILBOAT COVE DEVELOPMENT CORPORATION**

Principal Place of Business

~~SUITE 100 DORAL EXECUTIVE CENTER 2~~  
~~3625 NW 82 AVENUE~~  
~~MIAMI FL 33166~~

Mailing Address

~~SUITE 100 DORAL EXECUTIVE CENTER 2~~  
~~3625 NW 82 AVENUE~~ **4012 ESTEPONA AVE**  
~~MIAMI FL 33166~~ **MIAMI FL 33178-2343**

**37414**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8000 NW 31 Street**  
 Suite, Apt. #, etc. **Suite 17**

3. Mailing Address

**4012 ESTEPONA AVE**

City & State

**MIAMI, FL**

City & State

**MIAMI FL**

4. FEI Number

**65-1114729**

Applied For

Not Applicable

Zip **33122**

Country **USA**

Zip **33178-2343**

Country **U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

~~DE CORCHO, JOSE PEREZ~~ **PEREZ de CORCHO, JOSE**  
~~SUITE 100 DORAL EXECUTIVE CENTER 2~~  
~~3625 NW 82 AVENUE~~ **4012 ESTEPONA AVENUE**  
~~MIAMI FL 33166~~ **MIAMI FL 33178-2343**

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

**JOSE PEREZ DE CORCHO**

**30 April 2002**

(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) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD**  
**ALI, MARCELO C**  
**9915 NW 29 STREET**  
**MIAMI FL 33172**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD**  
**ESCOBAR, ARMANDO D**  
**15731 W 48 STREET**  
**MIAMI FL 33185**

☐ Delete

TITLE  
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCELO C. ALI, PRESIDENT**

Date

Daytime Phone #

**30 April 2002 305 599 1295**

CR2E034 (9/01)