

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90190 012 ***158.75

DOCUMENT # P01000031989

1. Entity Name
POINCIANA DEVELOPMENT CO. V



Principal Place of Business
P.O. BOX 770188
MIAMI FL 33177

Mailing Address
P.O. BOX 770188
MIAMI FL 33177

2. Principal Place of Business

18629 SW 107 AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip

Country

Zip

Country

33157

USA

4. FEI Number **65-1097143**

Applied For

Not Applicable

5. Certificate of Status Desired **X**

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BROWN, GARY L
4000 HOLLYWOOD BLVD.
SUITE 268 SOUTH
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

REARDON LEVINE MANAGEMENT, INC
18629 SW 107 AVE
MIAMI FL 33157

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

DANIEL A. LEVINE
V.P.

4-30-03

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 **D** ☐ Delete
NAME **REARDON, ERIC**
STREET ADDRESS **P.O. BOX 770188**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **REARDON, ERIC**
STREET ADDRESS **18629 SW 107 AVE**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

REARDON, DIR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03

305 969-0005

CR2E034 (10/02)