

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036078

1. Entity Name

UNIT 920 GRAND BAY, INC.

C/O DOMINGO ALONSO, C.P.A.

Principal Place of Business

13251 SW 17TH CT.  
MIRAMAR FL 33027

Mailing Address

13251 SW 17TH CT.  
MIRAMAR FL 33027

2. Principal Place of Business

13251 SW 17 CT.

3. Mailing Address

301 ALMERIA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 3

City & State

City & State

MIRAMAR, FL

CORAL GABLES, FL

Zip

Country

Zip

Country

33027

US

33134

US

6. Name and Address of Current Registered Agent

ADMIRE, ROBERT O ESQ

2511 PONCE DE LEON BLVD., STE. 320

CORAL GABLES FL 33134

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARREAZA, LUIS J 13251 SW 17TH CT. MIRAMAR FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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-06/26/02--01024--004  
\*\*\*\*150.00 \*\*\*\*150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 JUN 17 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

*Attachment*

UNIT 920 GRAND BAY, INC # *PO10000 36078*  
13251 SW 17<sup>TH</sup> COURT  
MIRAMAR, FL 33027

June 5, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I respectfully request an abatement of penalty for not filing the 2002 Uniform Business Report on time.

I do not live in the United States on a regular basis and by the time I got here, the 2002 UBR was already past due. I am now changing the mailing addresses of my corporations to another office; they will be in charge of receiving this form from now on.

Enclosed please find the 2002 UBR with all the necessary changes along with a check for \$150.00.

Please accept my explanations and apologies, and thank you in advance for your cooperation on this matter.

Sincerely,

Luis Arreaza- Gomez