

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91201 004 ***150.00

DOCUMENT #

1. Entity Name
INAGUA PROPERTIES, INC.

PO1000044116 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6290 SW. 49 ST.

3. Mailing Address
301 SUNRISE DR 4BE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
KEY BISCAYNE, FL.

4. FEI Number
05-1097918

Applied For
Not Applicable

Zip
33155

Country
USA

Zip
33149

Country
USA

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

7. Name and Address of Current Registered Agent

Name
LOURDES LORENZO-LUACES

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

301 SUNRISE DR. 4BE

City
KEY BISCAYNE FL Zip
33149

**DO NOT WRITE
IN THIS SPACE**

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

5.30.02

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

**January 1 - May 1. Fee is \$150.00
After May 1. Fee is \$550.00
Amended 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. **PRESIDENT**
LOURDES LORENZO-LUACES
301 SUNRISE DR. 4BE
KEY BISCAYNE, FL. 33149

VICE-PRESIDENT
JAVIER CABARCAS
6290 SW. 49 ST.
MIAMI, FL. 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 #

LOURDES LORENZO-LUACES 5.30.02 305.476.9699