

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90267 013 ***150.00

DOCUMENT # P01000044116



1. Entity Name
INAGUA PROPERTIES INCORPORATED

Principal Place of Business
6290 SOUTHWEST 49TH STREET
MIAMI FL 33155

Mailing Address
301 SUNRISE DRIVE
SUITE 48E - 4BE
KEY BISCAYNE FL 33149

2. Principal Place of Business

3. Mailing Address
301 SUNRISE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
APT. 4BE

City & State

City & State
KEY BISCAYNE

Zip

Country

Zip
FL 33149

Country
MIAMI DADE

4. FEI Number **65-1097918**

Applied For

Not Applicable

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

LORENZO LUACES, LOURDES
301 SUNRISE DRIVE
SUITE 48E
KEY BISCAYNE FL 33149

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. 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

LOURDES LORENZO-LUACES (PRESIDENT) 2.12.03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LORENZO-LUACES, LOURDES**
STREET ADDRESS **301 SUNRISE DRIVE -SUITE 48E**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

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

TITLE **D** ☐ Delete
NAME **CABARROCAS, JAVIER**
STREET ADDRESS **6290 SOUTHWEST 49TH STREET**
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 reports 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.12.03 305.205.2266

Date

Daytime Phone #

CR2E034 (10/02)