

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90412 003 \*\*\*150.00

**DOCUMENT # P01000057967**

1. Entity Name  
**BOROUGH FLORIDA CORPORATION**

Principal Place of Business  
**145 MADEIRA AVENUE SUITE 310**  
**CORAL GABLES FL 33134**

Mailing Address  
**145 MADEIRA AVENUE SUITE 310**  
**CORAL GABLES FL 33134**

2. Principal Place of Business  
**1300 Brickell Ave.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1300 Brickell Ave.**  
 Suite, Apt. #, etc.

City & State  
**Miami FL**  
 Zip  
**33131**  
 Country

City & State  
**Miami FL**  
 Zip  
**33131**  
 Country

4. FEI Number  
**02-0555746**

Applied For  
 Not Applicable

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

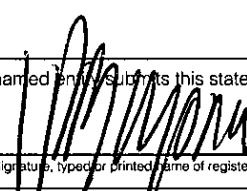
## 6. Name and Address of Current Registered Agent

**SANCHEZ DE VARONA, RAUL J**  
**145 MADEIRA AVENUE SUITE 310**  
**CORAL GABLES FL 33134**

## 7. Name and Address of New Registered Agent

Name  
**Juan Pablo Bayona**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1300 Brickell Ave.**  
 City  
**Miami** **FL** Zip Code  
**33131**

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  (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  
**D** ☒ Delete  
 NAME  
**SANCHEZ DE VARONA, RAUL J**  
 STREET ADDRESS  
**145 MADEIRA AVENUE SUITE 310**  
 CITY-ST-ZIP  
**CORAL GABLES FL 33134**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**P/D** ☐ Change ☒ Addition  
 NAME  
**Monica Gosenovsky**  
 STREET ADDRESS  
**1300 Brickell Ave.**  
 CITY-ST-ZIP  
**Miami FL 33131**

TITLE  
**S/D** ☐ Change ☒ Addition  
 NAME  
**Diego Sola**  
 STREET ADDRESS  
**1300 Brickell Ave.**  
 CITY-ST-ZIP  
**Miami FL 33131**

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

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

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

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

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:  **MONICA GOSENOVSKY** 9/28/02 (305) 351-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)