

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90065 007 ***150.00

DOCUMENT # P01000103902

1. Entity Name

PONCE DE LEON BOULEVARD 27, INC.

Principal Place of Business

~~1001 BRICKELL BAY DR. STE 1704~~
~~MIAMI FL 33131~~

Mailing Address

~~1001 BRICKELL BAY DR. STE 1704~~
~~MIAMI FL 33131~~

2. Principal Place of Business

2700 PONCE DE LEON BLVD.

3. Mailing Address

2666 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3RD FLOOR

City & State

CORAL GABLES - FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-1152930

Applied For

Not Applicable

Zip

33134

Country

Zip

33129

Country

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

~~PADILLA, SANTIAGO J PA~~
~~1001 BRICKELL BAY DR, STE 1704~~
~~MIAMI FL 33131~~

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME RUSSO, LUIS
STREET ADDRESS 1001 BRICKELL BAY DR, STE 1704
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/02 (305) 856-2600
Date Daytime Phone #

CR2E034 (9/01)