

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91849 035 ***158.75

DOCUMENT # P01000103902



1. Entity Name
PONCE DE LEON BOULEVARD 27, INC.

Principal Place of Business
**2700 PONCE DE LEON BLVD
 MIAMI FL 33134**

Mailing Address
**2666 BRICKELL AVE
 3RD FLOOR
 MIAMI FL 33129**



2. Principal Place of Business

3. Mailing Address
780 NW 42 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.
516

City & State

City & State
Miami FL

4. FEI Number **65-1152930**

Applied For
 Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip Country
33126 Dade

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 **Aurelio A. Piedra**

Street Address (P.O. Box Number is Not Acceptable)
780 NW 42 Ave

516

City **Miami** FL Zip Code **33126**

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

Aurelio A. Piedra CPA DATE **3/31/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	RUSSO, LUIS	1001 BRICKELL BAY DR, STE 1704	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 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 10 or Block 11 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 **3/31/03** (305) 443 7122

CR2E034 (10/02)