

# 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

Zip

Country

Zip Country  
33126 Dade

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

CHECK HERE IF MAKING CHANGES

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 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	D RUSSO, LUIS 1001 BRICKELL BAY DR, STE 1704 MIAMI FL 33131		

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

3/31/03 (305) 443 7122

Date

Daytime Phone

CR2E034 (1/0/02)