

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90154 042 \*\*\*150.00

**DOCUMENT # P02000003552**

1. Entity Name  
**ULTIMATE DEVELOPMENT, INC.**



Principal Place of Business  
**2829 BIRD AVE #309  
MIAMI FL 33133**

Mailing Address  
**2829 BIRD AVE #309  
MIAMI FL 33133**

2. Principal Place of Business

**2800 Biscayne Blvd  
Suite, Apt. #, etc.  
#300**

3. Mailing Address

**2800 Biscayne Blvd  
Suite, Apt. #, etc.  
#300**



☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

Applied For

**Miami FL**

**Miami FL**

**371457280**

Not Applicable

Zip  
**33137**

Country  
**USA**

Zip  
**33137**

Country  
**USA**

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

**COVIN, GREGGORY  
2829 BIRD AVE #309  
MIAMI FL 33133**

Name

**Gregg COVIN**

Street Address (P.O. Box Number is Not Acceptable)

**2800 Biscayne Blvd**

**Suite 300**

City

**Miami**

**FL**

Zip Code

**33137**

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

**Gregg Covin**

**2/10/03**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
PEREZ, LOUIS  
8300 SW 8 ST UNIT 103  
MIAMI FL 33144** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
COVIN, GREGG  
2800 Biscayne Blvd #300 MIAMI FL 33137** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**Gregg Covin**

**2/10/03**

**3055737055**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)