

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90284 013 ***150.00

0232123 AV

DOCUMENT # P02000027294

1. Entity Name
421 PROPERTY INC.



Principal Place of Business
**C/O JOSE A. RODRIGUEZ
150 ALHAMBRA CIRCLE, SUITE 1270
CORAL GABLES FL 33134**

Mailing Address
**C/O JOSE A. RODRIGUEZ
150 ALHAMBRA CIRCLE, SUITE 1270
CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3646364

Applied For

Not Applicable

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

**RODRIGUEZ, JOSE A ESQ.
150 ALHAMBRA CIRCLE
SUITE 1270
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 **D** ☐ Delete
NAME **RINALDI, FABIAN**
STREET ADDRESS **150 ALHAMBRA CIRCLE, SUITE 1270**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D, VP, T** ☒ Change ☐ Addition
NAME **Ainaki, Fabian**
STREET ADDRESS **150 Alhambra Circle, Ste. 1270**
CITY-ST-ZIP **coral gables, FL 33134**

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, JOSE A**
STREET ADDRESS **150 ALHAMBRA CIRCLE, SUITE 1270**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D, P, S** ☒ Change ☐ Addition
NAME **Rodriguez Jose A.**
STREET ADDRESS **150 Alhambra Circle, Ste. 1270**
CITY-ST-ZIP **coral gables, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03
Date

Daytime Phone #

CR2E034 (10/02)