

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90075 039 ***150.00

DOCUMENT # P02000063391

1. Entity Name
PALMYRA II FLORIDA, INC.



Principal Place of Business
**C/O LOUIS O. MOYA/BANQUE NATL. DE PARIS
201 BISCAYNE BLVD., STE. 1280
MIAMI FL 33131**

Mailing Address
**C/O LOUIS O. MOYA/BANQUE NATL. DE PARIS
201 BISCAYNE BLVD., STE. 1280
MIAMI FL 33131**

2. Principal Place of Business
**550 BILTMORE WAY
Suite, Apt. #, etc.
1210**

3. Mailing Address
**550 BILTMORE WAY
Suite, Apt. #, etc.
1210**

City & State
CORAL GABLES FL.

City & State
CORAL GABLES FL.

4. FEI Number
04-3738658

Applied For
Not Applicable

Zip Country
33134 USA

Zip Country
33134 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

**MARTIN, PEDRO A
C/O GREENBERG TRAURIG, P.A.
1221 BRICKELL AVENUE
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. 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

**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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **P RAMIREZ, DONALD S.**
STREET ADDRESS **626 CORAL WAY #1102**
CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED DONALD RAMIREZ 2-4-03 (305) 448-4091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)