

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90177 024 ***150.00

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DOCUMENT # P02000066642

1. Entity Name
FOUNTAIN BLUE TOWNHOUSES, INC.



Principal Place of Business
628 ALEDO AVE.
CORAL GABLES FL 33134

Mailing Address
628 ALEDO AVE.
CORAL GABLES FL 33134



2. Principal Place of Business

1701 W 37 ST

3. Mailing Address

1701 W 37 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

04-3705210

Applied For

Not Applicable

Zip

33012

Country

USA

Zip

33012

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUIG, JUAN E
628 ALEDO AVE.
CORAL GABLES FL 33134

Change

7. Name and Address of New Registered Agent

Name
PUIG, JUAN E
Street Address (P.O. Box Number is Not Acceptable)
3009 ALHAMBRA CIR

City
CORAL GABLES

FL Zip Code
33134

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PUIG, JUAN E
628 ALEDO AVE.
CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PUIG, JUAN E
3009 ALHAMBRA CIR
CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
GALCERAN, GEORGE
7900 SW 8TH ST.
MIAMI FL 33144

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)