

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-09-2003 90160 020 ***150.00

DOCUMENT # P02000093446

1. Entity Name
CORDERO INVESTMENT PROPERTIES, INC.



Principal Place of Business
3160 SW 4TH ST
MIAMI FL 33135

Mailing Address
3160 SW 4TH ST
MIAMI FL 33135

00000000



2. Principal Place of Business

3160 SW 4TH ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

4. FEL Number

22-3662365

Applied For

Not Applicable

Zip
33135

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORDERO, ERNESTO
3160 SW 4TH ST
MIAMI FL 33135

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CORDERO, ERNESTO
3160 SW 4TH ST
MIAMI FL 33135

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BOZZOLASCO, CARINA
3160 SW 4TH ST
MIAMI FL 33135

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02034 (10/02)

2255