

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-13-2003 90069 016 ***150.00

DOCUMENT # P02000106404



1. Entity Name
PROPERTY INTERNATIONAL USA, CORPORATION

Principal Place of Business
**407 LINCOLN RD STE 11-L
MIAMI BEACH FL 33139**

Mailing Address
**407 LINCOLN RD STE 11-L
MIAMI BEACH FL 33139**



2. Principal Place of Business
407 Lincoln Rd

3. Mailing Address
407 Lincoln Rd

Suite, Apt. #, etc.
11-N

Suite, Apt. #, etc.
11-N

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

Zip
33139

Country

Zip
33139

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
APPLIED FOR

Applied For
☐ Not Applicable

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

**BRITOS, LUIS
407 LINCOLN RD STE 11-L
MIAMI BEACH FL 33139**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
CORDERO, MANUEL
407 LINCOLN RD STE 11-L
MIAMI BEACH FL 33139** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
GARCIA, WILSON
407 LINCOLN RD STE 11-L
MIAMI BEACH FL 33139** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ 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

3/11/03
Date

(351) 531-0909
Daytime Phone #

CR2E034 (10/02)