

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

07-24-2003 90116 014 \*\*\*150.00

**DOCUMENT #** P02000109620 *NC 7/15/03*

**1. Entity Name**  
~~DEL MAR DOGS CORP.~~  
*Cloisters on the Bay, Unit #602, LLC*

**Principal Place of Business**  
C/O JOSE A. SAAVEDRA, 1428 BRICKELL AVE.  
8TH FLOOR  
MIAMI FL 33131

**Mailing Address**  
C/O JOSE A. SAAVEDRA, 1428 BRICKELL AVE.  
8TH FLOOR  
MIAMI FL 33131

55053184

**2. Principal Place of Business**  
9400 S. Dadeland Blvd.

**3. Mailing Address**  
9400 S. Dadeland Blvd.

**Suite, Apt. #, etc.**  
Penthouse Five

**Suite, Apt. #, etc.**  
Penthouse Five

**City & State**  
Miami, FL

**City & State**  
Miami, FL

**Zip** 33156 **Country** U.S.S.A.

**Zip** 33156 **Country** U.S.A.

☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 03-0500842 **Applied For** Not Applicable

**5. Certificate of Status Desired** ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
LAW OFFICE OF JOSE A. SAAVEDRA  
1428 BRICKELL AVENUE  
8TH FLOOR  
MIAMI FL 33131

**7. Name and Address of New Registered Agent**  
Name: Law Office of Jose A. Saavedra  
Street Address (P.O. Box Number is Not Acceptable): 9400 South Dadeland Boulevard  
Penthouse Five  
City: Miami FL Zip Code: 33156

**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]* **DATE** 7/14/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P, D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ, DIOSA	NAME	
STREET ADDRESS	C/O J. SAAVEDRA, 1428 BRICKELL AVE, FLOOR 8	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	P, D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marquez, Diosa	NAME	
STREET ADDRESS	C/O Jose A. Saavedra, 9400 South Dadeland Blvd., Ph-5, Miami, FL 33156	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED** **DATE** 7/21/03 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR INCORPORATOR/VICE-PRESIDENT

CR2034 (4/03)

*Attachment*

THE LAW OFFICES OF  
**JOSE A. SAAVEDRA**  
9400 South Dadeland Boulevard  
Penthouse Five, Dadeland Towers South  
Miami, FL 33156

*55053144*  
*P02000109620*

Member Florida Bar  
Certified Public Accountant  
LLM Taxation N.Y.U.

Phone: (305) 372-3334  
Fax: (305) 670-2048

July 21, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

RE: DEL MAR DOS CORP.  
Ref No.: P02000109620

Dear Sir/Madam:

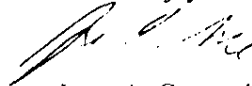
Please be advised that the annual report for Del Mar Dos Corp. was sent to the incorrect address. Our offices moved from 1428 Brickell Avenue, 8<sup>th</sup> Floor, Miami, FL 33131 approximately six (6) months ago. You were notified of this change. However, the Uniform Business Report for the above noted corporation was still made to our old address.

Our new address is as follows:

**Del Mar Dos Corp.  
c/o Jose A. Saavedra, Esq.  
9400 South Dadeland Boulevard  
Penthouse Five  
Miami, FL 33156.**

I am enclosing a check for \$150.00 which is the correct annual fee for this corporation. Please proceed to correct your records.

Cordially yours,



Jose A. Saavedra

JAS/dr

Enclosures

\\Fiducia\CLIENTS\MARQUEZ\LETTERS\Dept. of State 7.21.wpd