

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90108 001 ***550.00

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

DOCUMENT # P02000115154
 1. Entity Name
 REDLAND ESTATES, INC. 

DO NOT WRITE IN THIS SPACE

90141299

2. Principal Place of Business
 4973 SW 74TH COURT
 Suite, Apt. #, etc.

3. Mailing Address
 4973 SW 74TH COURT
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 MIAMI, FLORIDA

City & State
 MIAMI, FLORIDA

4. FEI Number 59-3762381 Applied For Not Applicable

Zip 33155 Country USA Zip 33155 Country USA

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

**DO NOT WRITE
 IN THIS SPACE**

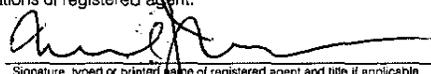
7. Name and Address of Current Registered Agent

Name MICHAEL J. MARCUS

Street Address (P.O. Box Number is Not Acceptable)
 317 N. KROME AVENUE

City HOMESTEAD FL Zip Code 33030

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  MICHAEL J. MARCUS 7/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

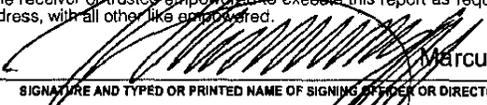
January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

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	President /Director Marcus B. Riff 18235 SW 293rd Street Homestead, Florida 33030	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Director Joe L. Pujol 3191 Coral Way, Suite 1005 Miami, Florida 33145	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer/Director Rose B. Pujol 4973 SW 74th Court Miami, Florida 33155	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like approvals.

SIGNATURE:  Marcus B. Riff 7/3/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)