

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

DOCUMENT # P02000129105

1. Entity Name

AI PROPERTIES, INC.

FILED

04 APR 22 2003

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** 03-04

2. Principal Place of Business  
1955 NW 17th AVENUE

3. Mailing Address  
1955 NW 17th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number  
30-0136954

Applied For  
Not Applicable

Zip  
33125

Country

Zip  
33125

Country

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 BONET, ALEJANDRO

Street Address (P.O. Box Number is Not Acceptable)

1955 NW 17th AVENUE

City MIAMI

FL

Zip Code  
33125

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.

SIGNATURE ALEJANDRO BONET

4/12/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

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

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D/P/S/T  
BONET, ALEJANDRO  
1955 NW 17th AVENUE. MIAMI, FL 33125

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
400034177854  
04/27/04--01083--015 \*\*300.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
MUGURUZA, IÑAKI  
1955 NW 17th AVENUE. MIAMI, FL 33125

TITLE  
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  ALEJANDRO BONET

4/12/2004 305-545-4964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

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