2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P92000012131 **DOCUMENT #**

1. Entity Name

RELATED WALDEN POND, INC.



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90224 019 ***158.75

Principal Place of Business 2828 CORAL WAY PENTHOUSE MIAMI FL 33145			2828 C PENTH	Mailing Address 2828 CORAL WAY PENTHOUSE MIAMI FL 33145										
2. Principal I	Place of Busine	3. Maili	3. Mailing Address					ORA IER ARAUR II	411 11 141 11				MAN MAN MAN	
Suite, Apt	t. #, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State			City 8	City & State				4. FEI Numl	ber 65-0 3	387347		}		plied For t Applicable
Zip Country			Zip	Zip Country			5	5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current Reg				gistered Agent			7	7. Name and Address of New Registered Agent						
				-		Name								
	DEZ, ANGEL		Street			Idraca (P.O. Boy Number is Not Acceptable)								
2828 COF	RAL WAY		Street			ddress (P.O. Box Number is Not Acceptable)								
MIAMI FL	33145													
						City				Zip Code			•	
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the obliga	e named entity itions of registe	submits this statement fred agent.	or the purpo	se of changing its	registere	ed office or	registered :	agent, or be	oth, in the S	State of Fi	lorida. I a	ım familiar	with, a	and accept
SIGNATURE		r printed name of registered ager	t and title if applic	able. (NOTE	: Registered	d Agent signatur	re required whe	en reinstating)			DAT	E		
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department					1811		lection Can rust Fund C		_			May Be to Fees
10.		OFFICERS AND	DIRECTOR	S	11.			<u>l</u> ADDITIONS	CHANGE	S TO OF	EICERS A	NO DIREC	ידחפי	: INI 11
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

UITANGEL HERNANDEZ

Daytime Phone #