FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90336 022 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022618

1. Entity Name
Pierre's Land Company, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18460 SW 97th Ave.	SAME AS # 2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33157 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0414310 ☐ Applied For ☐ Not Applicable

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: Jose A. Sanabria

Street Address (P.O. Box Number is Not Acceptable): 18460 S.W 97 Ave

City: Miami FL Zip Code: 33157

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: X Jose A. Sanabria
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	D
NAME	Jose A. Sanabria
STREET ADDRESS	1950 S. Ocean Drive
CITY-ST-ZIP	Hallandale, FL 33009
TITLE	D
NAME	Eva Sanabria
STREET ADDRESS	1950 S. Ocean Drive
CITY-ST-ZIP	Hallandale, FL 33009
TITLE	D
NAME	Vivian De Quesada Hirshorn
STREET ADDRESS	8800 SW 182 Terrace
CITY-ST-ZIP	Miami, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 empowered.

SIGNATURE: X Jose A. Sanabria 3/20/03 (305)235-6063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachments

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Jose A. Sanabria

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (305)235-6063 Daytime Phone #