2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P93000032014

1. Entity Name

BRISTOL PARK DEVELOPMENT CO.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90257 032 ***150.00

Principal Plac 4850 SW 72N MIAMI FL 331		Mailing Address 4850 SW 72ND AVE MIAMI FL 33155										
2. Principal P	Place of Business	3. Mailing Address					, a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State				4.	4. FE! Number 65-0460519			Applied For Not Applicable]
Zip	Country	Zip		try	5.	5. Certificate of Status Desired			\$8.75 Additional Fee Required			
	6. Name and Address of Curren	t Registere	d Agent			7.	Name and Address of New R	egistered	Agent			1
	a magazante magazante	-		-	Name					-		
CERVANT	ES, PATRICIO					Street Address (P.O. Box Number is Not Acceptable)						
4850 SW	72ND AVE					Street Address (r.o. box Number is Not Acceptable)						
MIAMI FL	33155											Ì
					City				. Zin i	Code		1
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	named entity submits this statement fi ions of registered agent.	or the purp	ose of changing its r	egistere	ed office or r	egistered ag	gent, or both, in the State of Fic	rida. I an	n familiar v	vith, a	nd accept	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if appl	icable. (NOTE:	Registere	d Agent signature	e required when re	einstating)	DATE				
	ILE NOW!!! FEE IS \$150.00											l
After	r May 1, 2003 Fee will be \$550.00 Repartment of Payable to Florida Department of the						Election Campaign Fir Trust Fund Contributio	-			May Be o Fees	
10.	OFFICERS AND	DIRECTO	RS	11.		ΑE	DDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECT	ORS	IN 11	
ITLE	D	☐ Delete 1		TITLE					☐ Char	nge	Addition	8
IAME	ERVANTES, PATRICIO		NAM	NAME							5	
TREET ADDRESS		850 SW 72ND AVE NAMI FL 33155		STREET ADDRESS								Fn34 (10/02
CITY-ST-ZIP	MIAMI FL 33155			CITY	CITY-ST-ZIP							Ĭř
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TREET ADDRESS					ET ADDRESS		•					
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2. I hereby o	certify that the information supplied wit	h this filing	does not qualify for t	he exe	mption state	d in Section	119.07(3)(i), Florida Statutes.	further co	ertify that t	he info	ormation	ĺ

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR