2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039058 1. Entity Name DE GUARDIOLA DEVELOPMENT, INC. . Principal Place of Business GARDENS CORPORATE CENTER 3801 PGA BOULEVARD. SUITE 555 PALM BEACH GARDENS FL 33410 US Mailing Address GARDENS CORPORATE CENTER 3801 PGA BOULEVARD. SUITE 555 PALM BEACH GARDENS FL 33410 US

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 08, 2002 8:00 am Secretary of State

05-08-2002 90129 050 ***150.00



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1153	Town Center Drive	1153 To	un Cent	er Drive	DO NOT WR	TE IN THIS SPACE	
Suil	K 707	Suite 202		4.	FEI Number	1 1/	Applied For
Jupi	Her, FC 33428	Jupiter, F	ረ .	· X —	65-041208	ກ ⊢+	Not Applicable
1				· · · · · · · · · · · · · · · · · · ·	Certificate of Status Desired	□ \$8.75 Ar Fee Requir	
	6. Name and Address of Current Re	egistered Agent		7. 1	Name and Address of New I		
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	S CORPORATE CENTER		i ii c	· Gaa	urdiola, Grunder	eo (ty	
	A BOULEVARD, SUITE 555		ζ.,	100	on center	Dri ve	**
	ACH GARDENS FL 33410						.
11-1					FL 35458		de
8. The above	e named entity subtrits this statement for the	he surpose of changing its r	egistered office o	r registered ag	ent, or both, in the State of Flo	orida.	·
SIGNATURE	MIL Un alou	e e					
OGIVATORE	Signature, typed of printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signa	ure required when re	instating)	DATE	<u> </u>
9. This corporation is eligible to satisfy its Intangible FILE NOW			!! FEE IS \$150.00				_
	requirement and elects to do so.	After May 1, 200	2 Fee will be \$8	550.00	10. Election Campaign Fir Trust Fund Contribution	ΨΟ.,	DO May Be d to Fees
11,		Make Check Payabl					•
TITLE	OFFICERS AND DI		12.	PD	DITIONS/CHANGES TO OFF		
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	ertify that the information aunotified with the	filing does not as any of an	CITY-ST-ZIP			<u> </u>	
indicated o	ertify that the information supplied with this on this report or supplemental report is true	filling does not qualify for the and accurate and that my	e exemption state signature shall ha	d in Section 11 ve the same le	9.07(3)(i), Florida Statutes, I	further certify that the in	formation
changed,	on this report or supplemental upport is true oration or the repeited of trustee empower or on an attachment with an address, with	ec to execute this report as a other ke empowered.	required by Char	oter 607, Florida	Statutes; and that my name	appears in Block 11 or	Block 12 if
	UNIVOSIANA TA	Marion	3 m				
SIGNAT	OKE: <u>/^^^~X\\\ \\</u>	and the transposition of the	16.b				