

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90083 012 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050674 (0)

1. Entry Name

CAMP REAL ESTATE CORP.

Principal Place of Business

Mailing Address

3616 NE. Second Avenue
Miami, Florida 33137

2. Principal Place of Business

3. Mailing Address

21

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

27 City & State

Zip

County

28 Zip

County

4. FEI Number

65-0432063

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Neli A. Santamarina

301 Ocean Drive #504
Miami Beach, Florida 33139

81

82

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

83

84

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

FL

SIGNATURE

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

(NOTE: Registered Agents signatures 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$350.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Neli A. Santamarina
301 Ocean Dr. #504
Miami Beach, Florida 33139

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

3. I do 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 annual report or supplemental annual 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 Block 12, or on attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER

4/30/02