FILED

2002 UNIFORM BUSINESS REPORT (UBR)

WILCON HEIGHTS DOVELD/MENT, INC

Feb 24, 2002 8:00 am Secretary of State P94000032392 DOCUMENT # 1. Entity Name WILSON HEIGHTS DEVELOPMENT, INC. 02-24-2002 90087 050 ***150.00 Principal Place of Business Mailing Address 3842 W 16 AVE 3842 W 16 AVE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0494458 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -MARC BIRNBAUM, P.A. Street Address (P.O. Box Number is Not Acceptable) 1031 IVES DAIRY RD STE 225 **MIAMI FL 33179** City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE ☐ Delete TITI F ☐ Change Addition GLUCK, MAURICIO NAME NAME STREET ADDRESS 3842 W 16 AVE STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ST TIT) F ☐ Change Addition NAME GLUCK, VIVIAN NAME STREET ADDRESS STREET ADDRESS 3842 W 16 AVE CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP VICE-PRESIDENT TITLE ☐ Delete TITLE ☐ Change *Addition Dennis Cornols NAME NAME 16035 NW 82ml CT STREET ADDRESS STREET ADDRESS MIAMILAKAS FF 33016 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP / CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

LE DE MAURICIO GINER PLESIDENT 1/17/02 385-362-4512
DE SIGNING OFFICER CR DIRECTOR

Davis Davis Phone #