

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90062 022 ***150.00

DOCUMENT # P94000049197

1. Entity Name

FENWICK DEVELOPMENT CORPORATION
OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

321 Royal Poinciana Plaza 321 Royal Poinciana Plaza

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach, FL

City & State

Palm Beach, FL

4. FEI Number

59-3258833

Applied For

Not Applicable

Zip

33480

Country

US

Zip

33480

Country

US

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

Rogers, Alley M

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

321 Royal Poinciana Plaza

ATTN: Louis L Hamby III

City

Palm Beach

FL

Zip Code

33480

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 of applicant

(NOTE: Registered Agent's signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE D
NAME Bottirotli, Mauro
STREET ADDRESS 321 Royal Poinciana Plaza
CITY-ST-ZIP Palm Beach, FL 33480

TITLE D
NAME Frei, Sandro
STREET ADDRESS 321 Royal Poinciana Plaza
CITY-ST-ZIP Palm Beach, FL 33480

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandro Frei* Sandro Frei

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02 (56) 745-9700

DATE

DAYTIME PHONE #

CR2E034B (12/01)