FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 10 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94 000066070

1. Entity Name
RETAMA REAL ESTATE DEVELOPMENT, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
% RICHARD LOTHARIUS	
Suite, Apt. #, etc. 7750 MINDELLO ST	Suite, Apt. #, etc. P.O. BOX 431434
City & State CORAL GABLES, FL	City & State MIAMI, FL
Zip 33143 Country	Zip 33143 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0527328 ☐ Applied For ☐ Not Applicable

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 ALAIN De GRELLE

Street Address (P.O. Box Number is Not Acceptable) 176 W. MASHTA DR

City Key BISCAYNE FL Zip Code 33149

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

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	PD
NAME	FELIPE A. CUSTER
STREET ADDRESS	7750 MINDELLO ST
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	SECTY
NAME	ALAIN DeGRELLE,
STREET ADDRESS	176 W. MASHTA DR
CITY-ST-ZIP	Key BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	100005315071--5
STREET ADDRESS	-04/22/02--01113--005
CITY-ST-ZIP	****635.00 ****158.75
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	**DO NOT WRITE**
STREET ADDRESS	**IN THIS SPACE**
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STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/01)

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: _____ ALAIN DE GRELLE 3/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #