

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90190 014 ***158.75

DOCUMENT # P94000087166

1. Entity Name
POINCIANA DEVELOPMENT COMPANY



Principal Place of Business
P.O. BOX 770188
MIAMI FL 33177
US

Mailing Address
P.O. BOX 770188
MIAMI FL 33177
US

2. Principal Place of Business
18629 SW 107 AVE

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

4. FEI Number **65-0564655**

Applied For
Not Applicable

Zip **33157** **Country** **USA**

Zip **Country**

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

MILLER, BROOKS C ESQ
200 SOUTH BISCAYNE BLVD
STE. 3150
MIAMI FL 33131

Name
REARDON LEVINE MANAGEMENT, INC
Street Address (P.O. Box Number is Not Acceptable)
18629 SW 107 AVE
City **MIAMI** **State** **FL** **Zip Code** **33157**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **(NOTE: Registered Agent signature required when reinstating)**

DANIEL A. LEVINE
V.P.

4-30-2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPTS** ☐ **Delete**
NAME **REARDON, ERIC T**
STREET ADDRESS **3065 SW 107TH AVE #323**
CITY-ST-ZIP **MAIMI FL 33173**

TITLE **DPTS** ☒ **Change** ☐ **Addition**
NAME **ERIC T. REARDON**
STREET ADDRESS **18629 SW 107 AVE**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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 10 or Block 11 if changed, or on an attachment with an address and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC REARDON, Dir **4/30/03** **905** **969-0005**

CR2E034 (10/02)