

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093179 (7)

1. Corporation Name

UTE DEVELOPMENT INC.

FILED

1995 JUL 26 AM 10:18

TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8515 BISCAYNE BLVD.
MIAMI FL 33139

POST OFFICE BOX 390996
MIAMI FL 33239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/22/1994

4. FEI Number

65-0547719

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Has this Corporation been

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAUL-NOVO, JUDITH
3300 NE 192ND STREET STE. 906
AVENTURA FL 33180

81 Name

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

1600 N.E. 114TH ST. #107

83

84 City

MIAMI

FL

85 Zip Code

33167

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Judith Saul-Novo

Signature of the current registered agent and the Florida agent.

Signature of the new registered agent (signature required when mandated).

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS

11 TITLE

D

NAME

NOVO, ALEXANDER

STREET ADDRESS

524 ALTARA STREET

CITY, ST, ZIP

CORAL GABLES FL 33146

12 TITLE

D

NAME

FERRO, NAYDA

STREET ADDRESS

3652 SW 17TH STREET

CITY, ST, ZIP

MIAMI FL 33145

13 TITLE

D

NAME

SAUL-NOVO, JUDITH

STREET ADDRESS

3300 NE 192ND STREET STE. 906

CITY, ST, ZIP

AVENTURA FL 33180

14 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

15 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

16 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/95

30-7395527