

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90063 049 ***150.00

DOCUMENT # P95000007412

1. Entity Name
INDUSTRIAL PROPERTY HOLDINGS, INC.



Principal Place of Business
80 S.W. 8TH STREET
STE. 2120
MIAMI FL 33130
US

Mailing Address
80 S.W. 8TH STREET
STE. 2120
MIAMI FL 33130
US

00010001



2. Principal Place of Business

1450 Madruga Avenue
Suite, Apt. #, etc.
Suite 400

City & State
Coral Gables, Florida

Zip - Country
33146 US

3. Mailing Address

1450 Madruga Avenue
Suite, Apt. #, etc.
Suite 400

City & State
Coral Gables, Florida

Zip - Country
33146 US

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **65-0559056**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SANTEIRO, J.C.
80 S.W. 8TH STREET
STE. 2120
MIAMI FL 33180

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

J. CARLOS SANTEIRO, PRES
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/03

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**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **SANTEIRO, J C**
STREET ADDRESS **12500 RAMIRO ST.**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE **D** ☐ **Delete**
NAME **VERGARA, CARLOS M**
STREET ADDRESS **7128 SE RIVERS EDGE ROAD**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☐ **Delete**
NAME **RECIO, GRACIELLA**
STREET ADDRESS **90 EDGEWATER DR, #307**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ **Delete**
NAME **WINDHORST, KENT A**
STREET ADDRESS **13260 SW 105TH STREET**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ **Delete**
NAME **DRAUGHON, JOHN L**
STREET ADDRESS **9756 SW 1ST STREET**
CITY-ST-ZIP **PLANTATION FL 33324**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

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TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03 **305-666-3639**
Date Daytime Phone #

CR2E034 (10/02)