2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90167 020 ***150.00

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DOCUMENT # P95000031179

1. Entity Name
INMOBILIARIA OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
3333 S. CONGRESS AVE SUITE 403B DELRAY BEACH FL 33445	3333 S. CONGRESS AVE SUITE 403B DELRAY BEACH FL 33445

00045979

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 S.Biscayne Blvd.	200 S. Biscayne Blvd.
Suite, Apt. #, etc.: Suite 4100	Suite, Apt. #, etc.: Suite 4100
City & State: Miami, FL 33131	City & State: Miami, FL
Zip: 33131 / Country:	Zip: 33131 / Country:

4. FEI Number 65-0674117 — Applied For / Not Applicable

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
SCARDINA, ANGELO 3333 S CONGRESS AVE 403B DELRAY BEACH FL 33445	Name: RJVF Corporate Services Inc. Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd. Suite 4100 City: Miami FL Zip Code: 33131

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARDINA, ANGELO 3333 S CONGRESS AVE, #403B DELRAY BEACH FL 33445 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Heberto R. Espinosa 3804 Alhambra Circle Coral Gables, FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address) with all other like empowered.

SIGNATURE: _____ 4/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)