## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 02, 2000 8:00 am Secretary of State DOCUMENT # P95000047485 1. Entity Name COMILLAS LAND, INC. 03-02-2000 90081 010 \*\*\*150.00 Mailing Address Principal Place of Business 9688 S.W. 24TH ST. 9688 S.W. 24TH ST. MIAMI FL 33165-8015 **MIAMI FL 33165** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0595531 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARQUEZ, JOSE M Street Address (P.O. Box Number is Not Acceptable) 782 NW LEJEUNE ROAD SUITE 548 **MIAMI FL 33126** City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Change Addition TITLE TITLE Delete HERRAN, MANUEL A NAME NAME STREET ADDRESS 8460 S.W. 5TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** Change ☐ Addition TITLE ☐ Delete TITLE VALDES, DANIEL R NAME STREET ADDRESS STREET ADDRESS 9755 S.W. 62 ST. CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33173 ☐ Change ☐ Addition DVP TITLE ☐ Delete HERRAN, AGUSTIN NAME NAME STREET ADDRESS STREET ADDRESS 8121 S.W. 198 STREET CITY - ST - ZIP CITY-ST-ZIP MIAMI FL 33189 Change Addition ☐ Delete TITLE TITLE HERRAN, JOSE A NAME NAME STREET ADDRESS STREET ADDRESS 8455 GRAND CANAL DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 ☐ Delete TITLE Change Addition TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR