

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90106 005 \*\*\*150.00

**DOCUMENT # P95000072132**

1. Entity Name  
**OLD TOWN INVESTMENT, INC.**



Principal Place of Business  
**12260 S.W. 8TH ST.  
SUITE 224  
MIAMI FL 33184**

Mailing Address  
**8480 S.W. 94TH STREET  
MIAMI FL 33156**

**90069396**



2. Principal Place of Business

3. Mailing Address

**10690 SW 7 TR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**MIAMI, FLORIDA**

4. FEI Number **65-0641145**

Applied For  
Not Applicable

Zip

Country

Zip  
**33174**

Country  
**DADE COUNTY**

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

**DIAZ DE VILLEGAS, ELENA  
12260 S.W. 8TH STREET  
SUITE 224  
MIAMI FL 33184**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PEREZ-ALEMAN, ARMANDO  
8480 S.W. 94TH ST.  
MIAMI FL 33156** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DIAZ DE VILLEGAS, ELENA  
8480 S.W. 94TH ST.  
MIAMI FL 33156** ☐ Delete

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/03 305-2211110**

Date

Daytime Phone #

CR2E034 (10/02)