

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000084249**

1. Entity Name

PROPERTY ONE, INC.**FILED****May 22, 2001 8:00 am**
Secretary of State

05-22-2001 90723 001 ***450.00

Principal Place of Business

**3475 W. FLAGLER STREET
2ND FLOOR
MIAMI FL 33135**

Mailing Address

**3475 W. FLAGLER STREET
2ND FLOOR
MIAMI FL 33135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0616306**

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

**VINAS, HECTOR R
3475 W. FLAGLER STREET
2ND FLOOR
MIAMI FL 33134**

Name

MARIA D. SCHLAFKE

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

3475 W. Flagler St**MIAMI**

City

Florida FL

Zip Code

33135

8. The above named entity submits this statement of 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	Delete
P	VINAS, HECTOR R	3475 W. FLAGLER STREET	MIAMI FL 33135	<input checked="" type="checkbox"/>
VP	SCHLAFKE, MARIA D	3475 W. FLAGLER STREET	MIAMI FL 33135	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Director				<input checked="" type="checkbox"/>	<input type="checkbox"/>
President				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

305 724 7740

CR2E034 (10/00)