2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

201 SEVILLA AVE., STE. 306

CORAL GABLES FL 33134

DOCUMENT #	P9600007	77325

1. Entity Name

Principal Place of Business

201 SEVILLA AVE., STE. 306

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

10.

CORAL GABLES FL 33134

BRISAS DEL MAR GROUP INC.



FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90148 013 ***150.00

PANTAGA.

. CHECK HERE IF MAKING CHA	ANGES
4. FEI Number 65-0756198	Applied For
00 0700 186	Not Applicable
	75 Additional Required
Name and Address of New Registered Agent	

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

RIEGO, ENRIQUE V 201 SEVILLA AVE., STE. 306 CORAL GABLES FL 33134

Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept

Name --

(NOTE: Registered Agent signature required when reinstating)

Country

11.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete RIEGO, ENRIQUE V 66 VALENCIA PH 2 CORAL GABLES FL 33134	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
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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 resert 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 error wered 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 attachm

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Addition