

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090987

1. Entity Name

SOMERSET LAND COMPANY

Principal Place of Business

P. O. BOX 562438
MIAMI FL 33256
US

Mailing Address

P. O. BOX 562438
MIAMI FL 33256
US

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 65-0709396

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

ZULUETA, IGNACIO G
6255 BIRD RD
MIAMI FL 33155

Name John Hume

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

1401 University Drive, #301

City

Coral Springs, FL

FL

Zip Code 33071

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

X

January 15, 2001

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 PSD
NAME ZULUETA, IGNACIO G.
STREET ADDRESS P. O. BOX 562438 N/A
CITY-ST-ZIP MIAMI FL 33256 ☒ Delete

TITLE DPS
NAME Alina J. Orriols ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 562438
CITY-ST-ZIP Miami, FL 33256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP Asst. Secy.
NAME John Hume ☐ Change ☒ Addition
STREET ADDRESS 1401 University Drive, #301
CITY-ST-ZIP Coral Springs, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Alina J. Orriols

ALINA J. ORRIOLS

1-19-01

Date

(305)

342-6825

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90124 012 ***150.00

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DO NOT WRITE IN THIS SPACE