

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90110 040 ***158.75

DOCUMENT # P97000013068
 1. Entity Name
VIDAL & DEZENDEGUI DEVELOPMENT, INC.

Principal Place of Business Mailing Address
167 N.E. 39TH ST. **167 N.E. 39TH ST.**
MIAMI FL 33137 **MIAMI FL 33137**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4585 N. Meridian Ave. **4585 N. Meridian Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami Beach, FL **Miami Beach, FL**
 Zip Country Zip Country
33140 **USA** **33140-2944** **USA**

4. FEI Number Applied For
65-0733848 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
AVELLAN, LILIANA V ESQ.
306 ALCAZAR AVE.
SUITE 302
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (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, 2002 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	D VIDAL, HENRY ADAMS 167 N.E. 39TH ST. MIAMI FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4585 N. Meridian Ave Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEZENDEGUI, GUSTAVO 167 N.E. 39TH ST. MIAMI FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4585 N. Meridian Ave Miami Beach, FL 33140
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Henry Vidal* **SIGNATURE REQUIRED** 04-25-02 305-571-1860
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)