## ง่อา: UNIFORM BUSINESS REPORT (UBR)

## FILED May 18, 2001 8:00 am Secretary of State DOCUMENT # **P97000039552** 1. Entity Name 05-18-2001 91248 044 \*\*\*150.00 PEACE DEVELOPERS, INC. Principal Place of Business Mailing Address 8550 WEST FLAGLER ST. 8550 WEST FLAGLER ST. 551907 **SUITE #116 SUITE #116 MIAMI FL 33144** MIAMI FL 33144 3. Mailing Address 2. Principal Place of Business 9600 SW B 9600 SM SH Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0745477 <u> Jiami, Florida</u> Not Applicable Miom \$8.75 Additional Zip $\Box$ 5. Certificate of Status Desired Fee Required <u> Uiomi-Da</u>de 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUIZ, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 8550 WEST FLAGLER ST. **SUITE #116 MIAMI FL 33144** Zin Code City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change ☐ Delete TITLE TITLE RUIZ, ROBERT J NAME acco sw 8th street # 50 STREET ADDRESS 8550 WEST FLAGLER ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 ☐ Delete TITLE RUIZ, ROBERTO N NAME 9600-SW oth Street # NAME STREET ADDRESS 8550 WEST FLAGLER ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33144** ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

☐ Delete

Change

☐ Addition