

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90501 037 ***150.00

DOCUMENT # P9800003135 ✓
1. Entity Name
BILTMORE Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>711 Biltmore Way</u>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Coral Gables FL</u>	City & State	4. FEI Number <u>65-0808731</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33134</u>	Country <u>USA</u>	Zip	Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Diego Duque</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>789 Crandon Blvd #301</u>	
City <u>Key Biscayne</u>	FL Zip Code <u>33140</u>

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 ✓
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. <small>(See criteria on back)</small> <input type="checkbox"/>	<p align="center">January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS

TITLE <u>President</u> NAME <u>Diego Duque</u> STREET ADDRESS <u>789 Crandon Blvd #301</u> CITY-ST-ZIP <u>Key Biscayne FL 33140</u>	TITLE <u></u> NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>
TITLE <u>Vice President</u> NAME <u>Claudia Duque</u> STREET ADDRESS <u>789 Crandon Blvd #301</u> CITY-ST-ZIP <u>Key Biscayne FL 33140</u>	TITLE <u></u> NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>
TITLE <u>Sec/Treasurer</u> NAME <u>Elvia Duque de Heras</u> STREET ADDRESS <u>789 Crandon Blvd #301</u> CITY-ST-ZIP <u>Key Biscayne FL 33140</u>	TITLE <u></u> NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Diego Duque **2/13/02** **305-446-6882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)