

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90139 022 ***150.00

DOCUMENT # P98000027606

1. Entity Name
MUTINY RESIDENCES, INC.

Principal Place of Business
 1570 MADRUGA AVENUE
 SUITE 200
 CORAL GABLES FL 33146

Mailing Address
 1570 MADRUGA AVENUE
 SUITE 200
 CORAL GABLES FL 33146



2. Principal Place of Business

3. Mailing Address

1401 Brickell Ave

1401 Brickell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 530

Suite 530

City & State

City & State

Miami FL

Miami FL

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number 65-0844965

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

~~PARAJON, LUIS~~
 1570 MADRUGA AVE
 STE 200
 CORAL GABLES FL 33146

address & only

Name
Parajon, Luis

Street Address (P.O. Box Number is Not Acceptable)
1401 Brickell Avenue, Suite 530

City
Miami

FL

Zip Code
33131

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. ☐
 (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
PARAJON, LUIS
1570 MADRUGA AVENUE SUITE 200
CORAL GABLES FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1401 Brickell Avenue, Suite 530
Miami, FL 33131 ☒ Change ☐ Addition
address only

TITLE
NAME
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☐ Delete

TITLE
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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: Luis Parajon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02 305 3746055
 Date Daytime Phone #

CR2E034 (9/01)