## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P98000028991 DOCUMENT #

1. Entity Name

SECTION 31 TRACT 50 CORP.



## FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90420 001 \*\*\*150.00

305-4450611

| Principal Place of Business<br>901 PONCE DE LEON BLVD.,STE.501<br>CORAL GABLES FL 33134   |  |  | Mailing Address<br>901 PONCE DE LEON BLVDSTE.501<br>CORAL GABLES FL 33134 |   |                               |                                       |  |                              |               |                              |
|---|--|--|---|---|-------------------------------|---------------------------------------|--|------------------------------|---------------|------------------------------|
| 2. Principal Place of Business  |  |  | 3. Mailing Address  |   |                               |                                       | 1 1001(00) 510 1010 1011 0011 0011 0011 0  | OHN 06110 NEO                | 18110 16110 1 | 1818) (jai 1581              |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.   |   |                               |                                       | ☐ CHECK HERE IF MAKING CHANGES   |                              |               |                              |
| City & State  |  |  | City & State  |   |                               | 4.                                    | FEI Number <b>65-0906783</b>   |                              | $\rightarrow$ | oplied For<br>ot Applicable  |
| Zìp   | Country  |  | Zip Coun  |   | itry                          | 5. Certificate of Status D            |  | sired   \$8.75 Ac Fee Requir |               |                              |
|   | 6. Name and A  | ddress of Current                          | Registered Agent  | 7. Name and Address of New Registered Agent |                               |                                       |  |                              |               |                              |
| IRIONDO,  | ANIDES   | ي مېستون د د د د د                         |   | Name  |                               |                                       |  |                              |               |                              |
| 901 PONC  | E DE LEON BLVI   | D.,STE.501                                 | Street Addre  |   |                               | s (P.O. Box Number is Not Acceptable) |  |                              |               |                              |
| CORAL GABLES FL 33134   |  |  |   |   |                               |                                       |  |                              |               |                              |
|   |  |  | City  |   |                               | 1 - 4 - 4 - 7 - 7                     | FL   | Zip Cod                      | е             |                              |
| 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. I am familiar with, and accept the obligations of registered agent. |  |  |   |   |                               |                                       |  |                              |               |                              |
| SIGNATURE Signature, type for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |  |  |   |   |                               |                                       |  |                              |               |                              |
| FILE NOW!!! FEE IS \$150.00  After May 1,2003 Fee will be \$550.00  Make Check Payable to Florida Department of State   |  |  |   |   |                               |                                       | Election Campaign Finan-<br>Trust Fund Contribution.   | cing                         |               | <b>0</b> May Be<br>I to Fees |
| 10.   | PD   | OFFICERS AND                               |   |   |                               |                                       | DDITIONS/CHANGES TO OFFICE   |                              |               |                              |
| TITLE<br>NAME<br>STREET ADDRESS   | MINI, JUAN<br>881 OCEAN DR.  |  | ☐ Delete  |   | E<br>ET ADDRESS               |                                       |  | L                            | ] Change      | Addition                     |
| CITY-ST-ZIP KEY BISCAYNE FL 33134  TITLE ASD Delete NAME IRIONDO, ANDRES J STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134   |  |  |   |   | -ST-ZIP  E ET ADDRESS -ST-ZIP | DDAESS CI                             |  |                              | ) Change      | Addition                     |
| TITLE<br>NAME   | ·  |  | ☐ Delete  | TITLE<br>NAM                                | ı                             |                                       |  |                              | ] Change      | Addition                     |
| STREET ADDRESS<br>City-St-Zip   |  |  | · Indiana Germana official confin   | SIME  | ET ADDRESS *<br>- ST-ZIP      | <del></del>                           | r en mil e en e <del>riol en en</del> composition (  | :                            |               | و مید                        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  | ☐ Delete .  | -   | Į.                            |                                       |  |                              | ] Change      | ☐ Addition                   |
| TITLE NAME STREET ADDRESS   |  |  | ☐ Delete  |   | e<br>et address               |                                       |  |                              | Change        | Addition                     |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   |  |  | ☐ Delete  | TITLE<br>NAMI<br>STRE                       |                               |                                       |  | Ċ                            | ) Change      | Addition                     |
| indicated<br>of the corp  | ertify that the inform<br>on this report or sup<br>poration or the recei | plemental report is<br>ver or trustee empo | true and accurate and that  | my signat<br>t as requir                    | ure shall have th             | ie same l                             | 119.07(3)(i), Florida Statutes. I fu<br>legal effect as if made under oath<br>da Statutes; and that my name ap | n; that I am a               | an officer    | or director                  |