

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90195 015 \*\*\*150.00

**DOCUMENT # P98000031584**

1. Entity Name  
**PALMETTO COMMERCIAL WAREHOUSES, INC.**

Principal Place of Business      Mailing Address  
**710 S DIXIE HWY      710 S DIXIE HWY**  
**CORAL GABLES FL 33148      CORAL GABLES FL 33148**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0848460**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      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**

**GUARCH, J.M. JR, ESO**  
**710 S DIXIE HWY**  
**CORAL GABLES FL 33148**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ARAN, FERNANDO S</b>			NAME			
STREET ADDRESS	<b>710 S DIXIE HWY</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CORAL GABLES FL 33148</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CORREA, DANNY</b>			NAME			
STREET ADDRESS	<b>710 S DIXIE HWY</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CORAL GABLES FL 33148</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GUARCH, J.M. JR</b>			NAME			
STREET ADDRESS	<b>710 S DIXIE HWY</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CORAL GABLES FL 33148</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PUIG, JUAN EDUARDO</b>			NAME			
STREET ADDRESS	<b>710 S DIXIE HWY</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CORAL GABLES FL 33148</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** **SIGNATURE REQUIRED** **7-2-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (4/02)

PALMETTO COMMERCIAL WAREHOUSES, INC.  
710 SOUTH DIXIE HIGHWAY  
CORAL GABLES, FL 33148

Attachment  
D# P98 000031584  
B0128495

July 3, 2002

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN,

ENCLOSED PLEASE FIND OUR CHECK FOR \$150.00 FOR FILING OF THE CORPORATION  
PALMETTO COMMERCIAL WAREHOUSES, INC.

NOTE: WHEN WE RECEIVED OUR FIRST BILL THIS WEEK WE CALLED THE 800 NUMBER  
LISTED ON THE BILL AND WE WERE TOLD TO PAY ONLY THE \$150.00 DUE TO SOME  
MAILING PROBLEM WITH THE ORIGINAL BILLS NOT MAKING IT TO SOUTH FLORIDA

IF YOU HAVE ANY QUESTIONS, REGARDING THE WAVING OF THE LATE CHARGES,  
PLEASE CALL OUR OFFICE AT 305-665-3400

THANK YOU,

  
CARMEN GONZALEZ  
OFFICE MANAGER

Attachment  
OFF # 198000031584  
BD128435

July 3, 2002

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I recently spoke to a representative at your office in regards to my Annual Renovation fee. I am attaching a payment in the amount of \$150.00. The late fee has been waived because I never received my Uniform Business Report Renovation Forms.

Thank you for your help on this matter.

Robert Rodriguez  
Mortgage City Lenders, INC.