

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91519 043 ***158.75

DOCUMENT # P98000058620

1. Entity Name
THE PROMISED LAND INVESTORS, INC.



Principal Place of Business
9110 N.W. 106TH STREET
MIAMI, FL 33178

Mailing Address
9110 N.W. 106TH STREET
MIAMI, FL 33178

2. Principal Place of Business
3443 NW 107 Street

3. Mailing Address
3443 N.W. 107 Street

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33167

Country
U.S.

Zip
33167

Country
U.S.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0851435

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CORZO, JUAN E
9110 N.W. 106TH STREET
MIAMI, FL 33178

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3443 N.W. 107 Street
City **Miami** FL Zip Code **33167**

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 _____
(NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORZO, JUAN E 9110 N.W. 106TH STREET MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Juan E. Corzo 3443 N.W. 107 Street Miami, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **4-16-03** (305) 681 9989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (10/02)