

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90011 022 ***150.00

DOCUMENT # P98000058979 -

1. Entity Name
PARK WEST DEVELOPMENT GROUP, INC.



Principal Place of Business

~~7765 NW 146ST~~
~~MIAMI LAKES FL 33016~~

Mailing Address

343 ALMERIA AVE
CORAL GABLES FL 33134

2. Principal Place of Business

343 Almeria Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Same as above

Zip

33134

Country

USA

Zip

Country

4. FEI Number 65-0847961

Applied For

Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

GRIMSLEY, CHARLES J
3909 N.E. 163RD ST.
N MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

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

Signature, typed or 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

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, ALBERTO	
STREET ADDRESS	6187 MIAMI LAKES DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TORRE, VENANCIO	
STREET ADDRESS	6187 MIAMI LAKES DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RICHARD P. PARRILLO, JR.-PAR FAMILY LIMITE	
STREET ADDRESS	6187 MIAMI LAKES DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Alberto	
STREET ADDRESS	343 Almeria Ave.	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRE, Venancio	
STREET ADDRESS	343 Almeria Ave.	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard P. Parrillo Jr - Par Family Limite	
STREET ADDRESS	343 Almeria Ave.	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03 (305) 444-7272
Date Daytime Phone #

CR2E034 (10/02)