

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90271 011 \*\*\*150.00

DOCUMENT # P98000061416

1. Entity Name  
**GANESH DEVELOPMENT CORPORATION**

Principal Place of Business  
**10205 COLLINS AVENUE SUITE 906  
MIAMI BEACH FL 33154**

Mailing Address  
**10205 COLLINS AVENUE SUITE 906  
MIAMI BEACH FL 33154**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State  
**WATSON FL**

Zip  
**33331**

Country  
**USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**WATSON FL**

Zip  
**33331**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0858993**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**KAPLAN, ERIC J  
1110 BRICKELL AVENUE SEVENTH FLOOR  
MIAMI FL 33131**

## 7. Name and Address of New Registered Agent

Name **LEOPOLDO J. Pios**  
Street Address (P.O. Box Number is Not Acceptable)  
**1800 West 49 Street**  
**Suite 301**  
City **HIDLEAH** FL Zip Code **33012**

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, 2001 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

TITLE **D** ☐ Delete  
NAME **LEMARESQUIER, NICOLAS**  
STREET ADDRESS **10205 COLLINS AVENUE SUITE 906**  
CITY-ST-ZIP **MIAMI BEACH FL 33154**

TITLE **D** ☐ Delete  
NAME **LEMARESQUIER, IRMA**  
STREET ADDRESS **10205 COLLINS AVENUE SUITE 906**  
CITY-ST-ZIP **MIAMI BEACH FL 33154**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **LEMARESQUIER, NICOLAS**  
STREET ADDRESS **4197 LAUREL RIDGE CIR.**  
CITY-ST-ZIP **WATSON FL 33331**

TITLE ☒ Change ☐ Addition  
NAME **LEMARESQUIER, IRMA**  
STREET ADDRESS **4197 LAUREL RIDGE CIR.**  
CITY-ST-ZIP **WATSON FL 33331**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)