2002 Uniform Business Report (UBR)

Mar 18, 2002 8:00 am P98000068591 DOCUMENT # **Secretary of State** 1. Entity Name 03-18-2002 90028 041 ***150.00 COURVOISIER REALTY CORP Principal Place of Business Mailing Address 3000 S.W. 3RD AVE 3000 S.W. 3RD AVE #102 #102 MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0853559 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jaime 0 Jr GOMEZ, JAIME O JR Street Address (P.O. Box Number is Not Acceptable) 2007 SW 22ND TERR **MIAMI FL 33129** 22nd Terr. Zip Code 33145 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) X Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition Change Change ☐ Delete TITLE TITLE Gomez, Jaime O Ir GOMEZ, JAIME O JR NAME NAME 2007 5W 22nd Terr 20075 SW 22ND TERR STREET ADDRESS STREET ADDRESS 11iami FL 33145 MIAMI FL 33145 CITY-ST-ZIP CITY-ST-ZIP VΡ X Change ☐ Addition ۷P ☐ Delete TITLE TITLE GORDILLO, DELIA NAME Gordillo. Delia NAME 20075 SW 22ND TERR STREET ADDRESS 2007 SW 22nd Terr STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 Miami FL 33145 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information suppried 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

E OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachme

SIGNATURE:

FILED

(305) 860-8887

03-36-03