2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2001 8:00 am

DOCU 1. Entity Nar	MENT # P98000086	5549	1			Secretary 05-22-2001 90065		
PALMER	AS ESTATES	•						
	ce of Business	Mailing Address						
4TH FL	ENCIA AVENUE OOR GABLES, FL 33134	75 VALENCIA 4TH FLOOR						
COIMI	GUDDO' LE SSISA	COMMI GADIL	υ,	ги ээгэ	′ -	. 0005	668	2
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPA	ACE	-
City & State		City & State				-EI Number 5-0870876	-	Applied For Not Applicable
Zip	Country	Zip		Country		¢g		ditional
						Fee Fee	Requir	
	6. Name and Address of Current F	tegistered Agent		Name	7. N	ame and Address of New Registered Ago	ent	
				Charact & date	(0.0	O-Al		
	VILLANUEVA			Street Addre	ss (P.O.	Box Number is Not Acceptable)		}
	ENCIA AVENUE, 4T	H FLOOR						
CORAL GABLES, FL 33134				City		E1 !	Zip Co	ode
						FL red agent, or both, in the State of Florida.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001				IS \$150.00		10. Election Campaign Financing Trust Fund Contribution.		00 May Be
(See criter	ria on back)	Make Check Payab	ie to D	epartment of				
11.	OFFICERS AND DI		12.		ADDIT	TIONS/CHANGES TO OFFICERS AND DIR		
TTLE AME	P OT CA	Delete	TITLE			لــا	Change	Addition
TREET ADDRESS	CAMARGO, OLGA 75 VALENCIA AVEN CORAL GABLES, FI		STRE	ET ADDRESS - ST - ZIP				
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AME STREET ADDRESS STY - ST - ZIP	MOJICA, ANDRES 75 VALENCIA AVEN CORAL GABLES, FI			EET ADORESS - ST - ZIP				
ITLE	S	Delete	ПП				Change	Addition
AME	VILLANUEVA, CARLOS		NAM	ET ADDRESS				
TREET ADDRESS	75 VALENCIA AVENUE, CORAL GABLES, FI	4TH FL 33134		- ST - ZIP				
ITLE	CORM GREENS, II	Delete	TITLE				Change	Addition
AME			NAM					
TREET ADDRÉSS ITY - ST - ZIP		4		ET ADDRESS - ST - ZIP				
ITLE		Delete	חחנו				Change	Addition
AME			NAME	1				
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ITY - ST - ZIP		[Polete		- ST - ZIP			Change	Addition
ITLE AME		Delete	NAME			LJ	Change	
TREET ADDRESS			STRE	ET ADDRESS				
ITY - ST - ZIP				- ST - ZIP				
information officer or di	indicated on this report or supplemen	ital report is true and accur er or trustee empowered to	rate and execut	I that my signat e this report as	ure shal required	tion 119.07(3)(i), Florida Statutes. I further of I have the same legal effect as if made und If by Chapter 607, Florida Statutes; and that	er oath;	that I am an

CARLOS VILLANUEVA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-377-0812 Daytime Phone #

SIGNATURE