

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90082 037 ***150.00

DOCUMENT # P98000086549

1. Entity Name

PALMERAS ESTATES, INC.

DO NOT WRITE IN THIS SPACE

80093313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134 Country USA		3. Mailing Address 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134 Country USA	
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4. FEI Number 65-0870876	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CARLOS VILLANUEVA	
Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD. SUITE 600 City CORAL GABLES FL Zip Code 33134	

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) ☐

January 1 - May 1: Fee is \$150.00
After May 1; Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	P CAMARGO, OLGA I 2100 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MOJICA, ANDRES 2100 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VILLANUEVA, CARLOS 2100 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CARLOS VILLANUEVA

4/29/02 305-377-0812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #