

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100040

1. Entity Name

2330 PONCE CORP.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90154 036 \*\*\*150.00

00039515



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1643 BRICKELL AVE APT 2305 MIAMI FL 33129 US	Mailing Address 1643 BRICKELL AVE APT 2305 MIAMI FL 33129 US
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2. Principal Place of Business 2100 Ponce de Leon Blvd Suite, Apt. #, etc. Suite 601	3. Mailing Address 2100 Ponce de Leon Blvd Suite, Apt. #, etc. Suite 601
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City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134	Zip 33134
Country USA	Country USA

4. FEI Number 65-0895542	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPO, INC. 2699 SOUTH BAYSHORE DRIVE 7TH FLOOR MIAMI FL 33133
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7. Name and Address of New Registered Agent Name Jorge I. Garcia-Sarraff Street Address (P.O. Box Number is Not Acceptable) 2100 Ponce de Leon Blvd., Suite 601 City Coral Gables, FL Zip Code 33134
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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 <i>Jorge I. Garcia-Sarraff</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4/16/01 (NOTE: Registered Agent signature required when reinstating)
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMIN, SAIDEN 1643 BRICKELL AVE, #2305 MIAMI FL 33129 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAIDEN, SILVIA D 1643 BRICKELL AVE, #2305 MIAMI FL 33129 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE NAVARRO, SILVIA SAIDEN 1643 BRICKELL AVE, #2305 MIAMI FL 33129 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Jorge I. Garcia-Sarraff</i> Signature, typed or printed name of signing officer or director	DATE 4/16/01	DAYTIME PHONE # (305) 445-0885
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CR2E034 (10/00)