

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 8:00 am**
Secretary of State

03-01-2001 90060 031 ***158.75

DOCUMENT # P99000023041

1. Entity Name

S & R INTERNATIONAL PROPERTIES INC.

Principal Place of Business

**965 BRIAR RIDGE ROAD
WESTON FL 33327**

Mailing Address

**2121 PONCE DE LEON
STE 240
CORAL GABLES FL 33134**

2. Principal Place of Business

255 ALHAMBRA CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

SUITE #425

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

City & State

Zip

33134

Country

U.S.A.

Zip

Country

4. FEI Number

65-0902509

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FENWARTH, OTTO
965 BRIAR RIDGE ROAD
WESTON FL 33327**

7. Name and Address of New Registered Agent

Name

GABRIEL PRATS

Street Address (P.O. Box Number is Not Acceptable)

2121 PONCE DE LEON BLVD.**SUITE #240**

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	YEPES, HERNAN	625 OAKS DR., PALM AIR CCC, BLDG 105 #808	POMPANO BEACH FL 33069	<input checked="" type="checkbox"/> Delete

VD	SAPRILLA, MARTHA	625 OAKS DR PALM AIR CCC BLDG 808	WESTON FL 33327	<input checked="" type="checkbox"/> Delete
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SD	LASPRILLA, MARTHA	625 OAKS DR., PALM AIR CCC, BLDG 105 #808	POMPANO BEACH FL 33069	<input checked="" type="checkbox"/> Delete
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TD	VILLAFANE, GERARDO	625 OAKS DR., PALM AIR CCC, BLDG 105 #808	POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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D.S.T.	GERARDO VILLAFANE	255 ALHAMBRA CIRCLE, SUITE #425	CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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D.P.	GILBERT CONTRERAS	255 ALHAMBRA CIRCLE, SUITE #425	CORAL GABLES, FL. 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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)