

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90632 030 \*\*\*150.00

**DOCUMENT #** P99000050442  
 1. Entity Name  
 FF ESTATES INC.  
 Principal Place of Business Mailing Address  
 75 VALENCIA AVENUE 75 VALENCIA AVENUE  
 4TH FLOOR 4TH FLOOR  
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

2. Principal Place of Business  
 SAME AS ABOVE  
 Suite, Apt. #, etc.

3. Mailing Address  
 SAME AS ABOVE  
 Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

**C0069371**

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0932026 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CARLOS VILLANUEVA  
 75 VALENCIA AVENUE  
 4TH FLOOR  
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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.

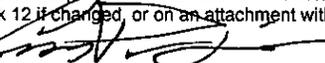
SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VILLANUEVA, CARLOS 75 VALENCIA AVENUE, 4TH FL CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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)(l), 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:**  **CARLOS VILLANUEVA** 4/30/01 305-377-0812  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)