

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

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

05-09-2002 90081 001 \*\*\*150.00

DOCUMENT # P99000050442

1. Entity Name

F.F. ESTATES, INC.

**DO NOT WRITE IN THIS SPACE**

B0093300

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

4. FEI Number  
65-0932026

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

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IN THIS SPACE**

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  
S  
VILLANUEVA, CARLOS  
2100 PONCE DE LEON BLVD., 600  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 #