

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90020 004 \*\*\*150.00

**DOCUMENT # P99000055846**

1. Entity Name

**64 DEVELOPMENT CORPORATION**

Principal Place of Business

**1541 SUNSET DRIVE, SUITE 203  
 CORAL GABLES FL 33146**

Mailing Address

**1541 SUNSET DRIVE, SUITE 203  
 CORAL GABLES FL 33146**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1027036**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RIEGLER, JAMES~~ **Howard B. Lucas CPA**  
~~9002 SOUTHWEST 152ND STREET~~ **2121 Ponce de Leon**  
~~MIAMI FL 33157-1928~~ **BLVD Suite # 1100**  
**Coral Gables - FL**  
**33134**

Name: **HOWARD B. LUCAS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2121 PONCE DE LEON BLVD**  
**SUITE 1100**  
 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 Howard Lucas  
 Signature, typed or printed name of registered agent and title if applicable.

**HOWARD LUCAS**

(NOTE: Registered Agent signature required when reinstating)

**4/22/02**  
 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, 2002 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	Delete
	<b>D</b>			<input type="checkbox"/>
	<b>FERNANDES, OTTONI</b>			<input type="checkbox"/>
	<b>1541 SUNSET DRIVE, SUITE 203</b>			<input type="checkbox"/>
	<b>CORAL GABLES FL 33146</b>			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 (9/01)