**2003 FOR PROFIT CORPORATION** 

## UNIFORM BUSINESS REPORT (UBR P99000055846 DOCUMENT #

1. Entity Name 64-DEVELOPMENT CORPORATION

Name

City

Principal Place of Business 1541 SUNSET DRIVE. SUITE 203 CORAL GABLES FL 33146

LUCAS, HOWARD B

SUITE 110 MIAMI FL 33134

SIGNATURE

2121 PONCE DE LEON BLVD

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Mailing Address 1541 SUNSET DRIVE, SUITE 203 CORAL GABLES FL 33146

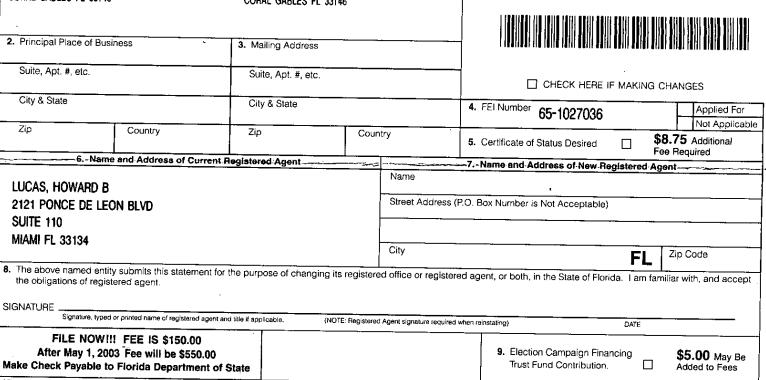
2. Principal Place of Business		3. Mailing Address	S		
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		
City & State		City & State	City & State		
Zip	Country	Zip	Country		

6.-Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

**FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90223 040 \*\*\*150.00



Make Check Payable to Florida Department of State			Trust Fund Contribution.	Trust Fund Contribution. Added to Fees			
10.	OT TOPING AND DIRECTORS			ADDITIONS/CHANGES TO DEFICERS	TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
STREET ADDRESS 1	D FERNANDES, OTTONI 1541 SUNSET DRIVE, SUITE 203 CORAL GABLES FL 33146 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
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12. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-663 1293