

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90043 034 \*\*\*158.75

DOCUMENT # **P99000070973**

1. Entity Name

**PARK LAKES DEVELOPMENT, INC.**



**DO NOT WRITE IN THIS SPACE**

**20022702**

2. Principal Place of Business

**7102 NW 112 CT.**

3. Mailing Address

**7102 NW 112 CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**050991516**

Applied For

Not Applicable

Zip

**33178**

Country

**MINI CAR**

Zip

**33178**

Country

**MINI CAR**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**RICARDO ECHEVERRIA**

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

**7102 NW 112TH COURT**

City

**MIAMI**

**FL**

Zip Code

**33178**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**RICARDO ECHEVERRIA 1/28/03**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

10. **PRESIDENT** OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**RICARDO ECHEVERRIA/P**

**7102 NW 112 COURT**

**MIAMI FL 33178**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VP/DIRECTOR**

**IVETTE ALAM ECHEVERRIA**

**7102 NW 112 CT. MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**33178**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICARDO ECHEVERRIA**

**1/28/03**

Date

**(305) 717-3524**

Daytime Phone #

CR2E034B (12/02)

**DO NOT WRITE  
IN THIS SPACE**