

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073451

1. Entity Name

LAND DEVELOPER S.A., USA., INC.

Principal Place of Business

NEW WORLD TOWER BLDG.
100 N. BISCAYNE BLVD. SUITE 1407
MIAMI FL 33132

Mailing Address

NEW WORLD TOWER BLDG.
100 N. BISCAYNE BLVD. SUITE 1407
MIAMI FL 33132-2309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0945188

Applied For

Not Applicable

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

HERNANDEZ, HOSEY ESQ.
2701 SOUTH BAYSHORE DRIVE
SUITE 602
COCONUT GROVE FL 33123

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

Hosey Hernandez, Esq.

1/20/00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MOLINARI, CARLOS JUAN	
STREET ADDRESS	SARIMENTO 539 TERCER-PISO	
CITY-ST-ZIP	CAPITAL FEDERAL, ARGENTINA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GUILLERMO VILLAR, HECTOR	
STREET ADDRESS	SARIMENTO 539 TERCER-PISO	
CITY-ST-ZIP	CAPITAL FEDERAL, ARGENTINA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOLINARI, DIEGO	
STREET ADDRESS	SARIMENTO 539 TERCER-PISO	
CITY-ST-ZIP	CAPITAL FEDERAL, ARGENTINA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ORTALE, HORACIO	
STREET ADDRESS	SARIMENTO 539 TERCER-PISO	
CITY-ST-ZIP	CAPITAL FEDERAL, ARGENTINA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BINACCI, DANIEL RUBEN	
STREET ADDRESS	SARIMENTO 539 TERCER-PISO	
CITY-ST-ZIP	CAPITAL FEDERAL, ARGENTINA	
TITLE	Sec	<input type="checkbox"/> Delete
NAME	Alicia Elvira Rolenc	
STREET ADDRESS	Sarmiento 539 Tercer-piso	
CITY-ST-ZIP	Capital Federal, Argentina	

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

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

Carlos J. Molinari President

Date

1/20/00

Daytime Phone #

305-377-2866

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90173 013 ***158.75

00008588



DO NOT WRITE IN THIS SPACE