

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91392 036 \*\*\*150.00

**DOCUMENT # P99000087374**



1. Entity Name  
**PREMIER DESIGN HOMES OF FLORIDA INC.**

Principal Place of Business  
**11030 N. KENDALL DR., STE. 100  
MIAMI FL 33176**

Mailing Address  
**11030 N. KENDALL DR., STE. 100  
MIAMI FL 33176**



2. Principal Place of Business  
**9950 Princess Palm Ave**

3. Mailing Address  
Suite, Apt. #, etc.  
**#102**

City & State  
**Tampa, FL**

City & State

4. FEI Number **59-3603005**

Applied For  
Not Applicable

Zip  
**33619**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**VALLE, MARIA F  
999 PONCE DE LEON BLVD., STE. 1110  
CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**10570 NW 27th Street**

**Suite 103**

City  
**Miami**

**FL** Zip Code  
**33172**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **ISENBERGH, ERIC D**  
STREET ADDRESS **11030 N. KENDALL DR., STE. 100**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VPS** ☐ Delete  
NAME **ROBLES, FRANK**  
STREET ADDRESS **11030 N. KENDALL DR., STE. 100**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **CEO** ☐ Delete  
NAME **ROBLES, ALEJANDRO**  
STREET ADDRESS **11030 N. KENDALL DR., STE. 100**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9950 Princess Palm Ave #102**  
CITY-ST-ZIP **Tampa, FL 33619**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03 813 740 1500**

Date Daytime Phone #

CR2E034 (10/02)