## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**)

Mailing Address

## P99000095401 **DOCUMENT #**

1. Entity Name

Principal Place of Business

SIGNATURE:

PLANTATION ISLAND DEVELOPERS, INC.



## **FILED** Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90132 004 \*\*\*158.75

14425-COUNTRY WALK DRIVE MIAMI FL 33186			14425 COUNTRY WALK DRIVE MIAMI FL 33186										
2. Principal P 13032	Place of Busin	ness 133rd Court	3. Mailing Address 111 S.W. 3rd Street						I HENNU KUKUN ARINK U /	<b>'8</b>     <b>8  </b>     <b>9 </b>			
Suite, Apt.	#, etc.		Suite, Apt. #, etc. Sixth Floor					· 🗹	CHECK HERI	E IF MAKING	CHANGES		
City & State City & State								FEI Number		_	I Ar	oplied For	
Miami.	Flori	ida	Miami, Florida								ot Applicable		
Zip		Zip Count				5. Certificate of Status Desired \$8.75		\$8.75 Add					
33186 USA			33130 1157				Fee Required						
6. Name and Address of Current Registered Agent							7.	Name and Ad	dress of New	Registered .	Agent		
					1	Name							
HARRIS, ELLIOTT					-	Street Address (P.O. Box Number is Not Acceptable)							
111 SW 3RD STREET, SIXTH FLOOR						Stratt (todioso (i.v. sox Hollisol to Hot Acceptasis)							
MCCORMI	CK BLDG												
MIAMI FL 33130						City		<del>``</del> .			7:- 0	_	
MIAMI 1 E 33 130						JILY .				FL	Zip Cod	е	
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 an	d title if applicable.	(NOTE:	Registered Ag	ent signature r	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								1	on Campaign Fund Contributi	~ -		May Be to Fees	
10.		OFFICERS AND D	IRECTORS		11.		A	DDITIONS/CH	ANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
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of the corr	on this report poration or the	information supplied with the or supplemental report is the receiver or trustee empowers, with an address, with	ue ano accurate ereckto execute t	and that my his report as	signature	snall bave	the same	legal effect as	if made under	nath that La	m an officer i	or director 1	

(305) 358-0146 Daytime Phone #