

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90188 001 ***600.00

DOCUMENT # S28658

1. Entity Name

SOUTHWEST FLORIDA LAND DEVELOPERS AND INVESTORS, INC.

Principal Place of Business

Mailing Address

**901 PONCE DE LEON BLVD
 SUITE 601
 CORAL GABLES FL 33134
 US**

**901 PONCE DE LEON BLVD
 SUITE 601
 CORAL GABLES FL 33134
 US**



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
65-0247553

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEGREDO, FRANK J ESQUIRE
 SEGREDO & WEISZ, ATTORNEYS AT LAW
 901 PONCE DE LEON BLVD, SUITE 601
 CORAL GABLES FL 33134**

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

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, 2002 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
 NAME **D** ☒ Delete
ARDILA, JAIME
 STREET ADDRESS **1643 BRICKELL AVENUE, UNIT 4702**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE
 NAME **D,P,T** ☒ Change ☒ Addition
RUIZ, EZEQUIEL
 STREET ADDRESS **901 PONCE DE LEON BLVD., SUITE 601**
 CITY-ST-ZIP **CORAL GABLES, FLORIDA 33134**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D,VP,S** ☐ Change ☒ Addition
BARRIOS, CARMEN
 STREET ADDRESS **901 PONCE DE LEON BLVD., SUITE 601**
 CITY-ST-ZIP **CORAL GABLES, FLORIDA 33134**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
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 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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 REQUIRED