

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-14-2003 90131-024 \*\*\*150.00  
FILE EV42106

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DOCUMENT # V42106

1. Entity Name  
NEW FLORIDA PROPERTIES CORPORATION



03 JUL 30 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4775 COLLINS AVENUE  
SUITE 305  
MIAMI BEACH FL 33140  
US

Mailing Address  
4775 COLLINS AVENUE  
SUITE 305  
MIAMI BEACH FL 33140  
US



2. Principal Place of Business

4779 COLLINS AVE

Suite, Apt. #, etc.

SUITE 401  
City & State

Miami Beach FL 33140

Zip Country

3. Mailing Address

4779 COLLINS AVE

Suite, Apt. #, etc.

SUITE 401  
City & State

Miami Beach FL 33140

Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0337692

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

Lorenzen, Dirk Esq.  
Caruana And Lorenzen, P.A.  
44 West Flagler Street #1000  
Miami, FL 33130

7. Name and Address of New Registered Agent

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. 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's 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  
NAME ATHAYDE, MUCIO  
STREET ADDRESS 4775 COLLINS AVE.  
CITY-ST-ZIP MIAMI BCH. FL 33140 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VP  
NAME Vacanti Luis  
STREET ADDRESS 4779 Collins Ave # 401  
CITY-ST-ZIP ☐ Change ☒ Addition

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

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

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

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

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

Date

Daytime Phone #

CR2034 (10/02)