

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90229 050 ***150.00

DOCUMENT # V44533

1. Entity Name
PONCE DE LEON CORP.

Principal Place of Business
100 SE 2ND STREET
STE 4000
MIAMI FL 33131
US

Mailing Address
100 SE 2ND STREET
STE 4000
MIAMI FL 33131
US



2. Principal Place of Business
201 S. Biscayne Blvd.
 Suite, Apt. #, etc.
34th Floor - Miami Center

3. Mailing Address
201 S. Biscayne Blvd.
 Suite, Apt. #, etc.
34th Floor - Miami Center

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida 33131

City & State
Miami, Florida 33131

4. FEI Number **65-0338900**

Applied For
 Not Applicable

Zip Country
33131 USA

Zip Country
33131 USA

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

DEL VALLE, IGNACIO G
100 SE 2ND ST
STE 4000
MIAMI FL 33131

Name
Ignacio G. del Valle, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd
34th Floor - Miami Center
 City **Miami** FL Zip Code **33131**

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 *Ignacio G. del Valle*

4/9/02

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 Delete
 NAME **PD DEL ROSAL JORGE LUIS SR**
 STREET ADDRESS **100 SE 2ND STREET STE 4000**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS **201 S. Biscayne Blvd. Suite 3400**
 CITY-ST-ZIP **Miami Center - Miami, Florida 33131**

TITLE Delete
 NAME **VPTD DEL ROSAL JORGE LUIS JR**
 STREET ADDRESS **100 SE 2ND STREET**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS **201 S. Biscayne Blvd. Suite 3400**
 CITY-ST-ZIP **Miami Center, Miami, Florida 33131**

TITLE Delete
 NAME **VPSD WILSON, FREDERICK**
 STREET ADDRESS **100 SE 2ND STREET**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS **201 S. Biscayne Blvd. Suite 3400**
 CITY-ST-ZIP **Miami Center, Miami, Florida 33131**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *FREDERICK WILSON* **REQUIRED VICE PRESIDENT** 4/15/02 305573-8511
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)