

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


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90025 013 ***150.00

0217197 AV

DOCUMENT # V44533

1. Entity Name
PONCE DE LEON CORP.



Principal Place of Business
**201 S. BISCAYNE BLVD.
34TH FLOOR- MIAMI CENTER
MIAMI FL 33131
US**

Mailing Address
**201 S. BISCAYNE BLVD.
34TH FLOOR- MIAMI CENTER
MIAMI FL 33131
US**



2. Principal Place of Business
Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES

City & State

Zip Country

4. FEI Number **65-0338900**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DEL VALLE, IGNACIO G
201 S. BISCAYNE BLVD.
34TH FLOOR- MIAMI CENTER
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Ferrell Group Corporate Services, LLC

Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd., Suite 3400

City **Miami** State **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. I am familiar with, and accept the obligations of registered agent.

Ferrell Group Corporate Services, LLC

SIGNATURE: By: *Shari E. Nott, Asst. Secretary* DATE: **03/06/03**

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

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: PD	<input type="checkbox"/> Delete
NAME: DEL ROSAL JORGE LUIS SR	
STREET ADDRESS: 201 S. BISCAYNE BLVD, STE. 3400 MIAMI CTR	
CITY-ST-ZIP: MIAMI FL 33131	
TITLE: VPTD	<input type="checkbox"/> Delete
NAME: DEL ROSAL, JORGE LUIS JR	
STREET ADDRESS: 201 S. BISCAYNE BLVD, STE. 3400 MIAMI CTR	
CITY-ST-ZIP: MIAMI FL 33131	
TITLE: VPSD	<input type="checkbox"/> Delete
NAME: WILSON, FREDERICK	
STREET ADDRESS: 201 S. BISCAYNE BLVD. STE 3400 MIAMI CTR	
CITY-ST-ZIP: MIAMI FL 33131	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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* **VICE PRESIDENT** 4/1/03 305 573-8511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)