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

## FILED Apr 30, 2003 8:00 am Secretary of State

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CR2E034 (10/02)

DOCUMENT # V66352 Secreta

1. Entity Name LA RAMBLAS DEVELOPMENT CORP.							04-30-2003 90323 020 ***150.00			
Principal Plac 1632 PENNSYI MIAMI BEACH		1632	Mailing Address 1632 PENNSYLVANIA AVE MIAMI BEACH FL 33139							
2. Principal P	Place of Business	failing Address	ing Address			. I DOGIS DISEND DISID DESERT SINDI DISID INDI DIBID E				
Suite, Apt.	#, etc.	Sı	Suite, Apt. #, etc.			$\neg$	☐ CHECK HERE IF MAKING CHANGES			
City & Stat	:e	Cir	City & State			4. 1	FEI Number 65-0396944	<b>⊢</b> -∔`	pplied For ot Applicable	
Zip	Cour	intry Zip	g	Country			5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and A	ddress of Current Registe	red Agent		7. Name and Address of New Registered Agent					
					Name					
ROBINS, (	CRAIG			ŀ	Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
1632 PEN	INSYLVANIE AVE				Stidet vadies	SS (F.O. BOX Number is 140t Acceptable)				
MIAMI BE/	ACH FL 33139			ĺ	 		———·			
					City Zip Code					
						<u> </u>				
	e named entity submi tions of registered ag		rpose of changing its	s registere	d office or regis	itered ag	gent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE .										
	Signature, typed or printed	name of registered agent and title if a	pplicable. (NOT	E: Registered	d Agent signature requi	ired when re	einstating) OATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees	
10.		OFFICERS AND DIRECT	ORS	11.		AD	DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE	DPS		☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ROBINS, CRAIG 1632 PENNSYLV MIAMI BEACH FL	/ania ave			et address -st-zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRETENSTEIN, S 1632 PENNSYLV. MIAMI BEACH FL	/ania avė	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				<u> </u>	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, : <sub>4</sub>		□ Delete					☐ Change	Addition	

12. I hereby certify that the information supplied with his filling 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 the 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 a state that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is the analysis and section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental report is the analysis 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 the corporation of the corporation or the receiver or trustee empowered to the corporation of the corporation or the receiver of trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINT

NAME OF SENING OFFICER OR DIRECTO

103 305.53

Daytime Phone #