

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90141 010 ***150.00

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DOCUMENT # M39716

1. Entity Name

PEDRO BELTRAN-ROJAS, INC.

Principal Place of Business

Mailing Address

**13641 ROANOKE STREET
DAVIE FL 33325
US**

**C/O DORA R. GOMEZ ESQ.
930 WASHINGTON AVE. 2ND FLOOR
MIAMI BCH. FL 33139**

2. Principal Place of Business

3. Mailing Address

Pedro E. Beltran

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13641 Roanoke St

City & State

City & State

Davie. Florida

4. FEI Number

59-2746040

Applied For

Not Applicable

Zip

Country

Zip

Country

33325

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

**BELTRAN, PEDRO
13641 ROANOKE STREET
FORT LAUDERDALE FL 33325**

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

01-12-02

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 **P** ☐ Delete
NAME **BELTRAN, PEDRO**
STREET ADDRESS **930 WASHINGTON AVE. 2ND FLOOR**
CITY-ST-ZIP **MIAMI BCH. FL 33139**

TITLE **Vice-President-Secretary** ☐ Change ☒ Addition
NAME **Mercedes Fernandez. ry.**
STREET ADDRESS **13641 Roanoke St**
CITY-ST-ZIP **Davie, FL 33325**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Pedro E. Beltran
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-02 (954) 423-1679

Date

Daytime Phone #

CR2E034 (9/01)