

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003800

1. Entity Name

CAMPAMENTO MILITAR BRIGADA 2506, INC.

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90019 003 ****61.25

Principal Place of Business

Mailing Address

1800 N.W. 24TH AVE
#510
MIAMI FL 33132

P.O. BOX 557247
MIAMI FL 33255

2. Principal Place of Business

3. Mailing Address

9714 NW 4 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
33172

Country
Miami-Dade

Zip

Country

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, MIGUEL G.
9714 N.W. 4TH LANE
MIAMI FL 33172

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DEL VALLE, MIGUEL G
9714 NW 4 LN
MIAMI FL 33172 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DELGADO, EDUARDO A
1130 NW 32 AVE
MIAMI FL 33125 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FERNANDO O. TORRES
11124 NW 5 Terr.
Miami, FL 33172 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
RIVERA, EVARISTO
7815 NW 185 ST
MIAMI FL 33015 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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 617, 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

3-10-02 (305) 5512999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/01)