

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90471 001 *1,050.00

DOCUMENT # P00000005761

1. Entity Name
GROUP II, INC.

Principal Place of Business

8500 S.W. 8TH STREET
SUITE 222
MIAMI FL 33144

Mailing Address

8500 S.W. 8TH STREET
SUITE 222
MIAMI FL 33144

2. Principal Place of Business

10101 NW 58 St.

Suite, Apt. #, etc.

#16

City & State

Miami FL

Zip

33178

Country

USA

3. Mailing Address

10101 NW 58 St.

Suite, Apt. #, etc.

#16

City & State

Miami FL

Zip

33178

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1127595

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VALDERRAMA, CARLOS A
8500 S.W. 8TH STREET
SUITE 222
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name **Carlos A. Valderrama**

Street Address (P.O. Box Number Not Acceptable)

10101 NW 58 St.

#16

City

Miami

FL

Zip Code

33178

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

4/29/2002

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

TITLE **PSD** ☐ Delete
 NAME **VALDERRAMA, CARLOS A**
 STREET ADDRESS **8500 S.W. 8TH ST., SUITE 222**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
 NAME **Carlos A. Valderrama**
 STREET ADDRESS **10101 NW 58 St #16**
 CITY-ST-ZIP **Miami FL 33178**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002 305 554 0507

Date

Daytime Phone #

CR2E034 (9/01)