

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12330

1. Entity Name

THE VELCON GROUP, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90050 009 \*\*\*150.00

Principal Place of Business

<sup>702</sup>  
~~140~~ SW PORT ST. LUCIE BLVD.  
 SUITE F  
 PORT ST. LUCIE FL 34953

Mailing Address

<sup>702</sup>  
~~140~~ SW PORT ST. LUCIE BLVD.  
 SUITE F  
 PORT ST. LUCIE FL 34953-2689

2. Principal Place of Business

702 SW Port St Lucie Blvd

3. Mailing Address

702 SW Port St Lucie Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie FL

City & State

Port St. Lucie, FL

4. FEI Number

65-0314453

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELASCO, ERNESTO  
 718 SW PORT ST. LUCIE BLVD.  
 SUITE F  
 PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

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

3.23.00

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	VELASCO, ERNESTO	718 SW PORT ST. LUCIE BLV	PORT ST. LUCIE FL	<input type="checkbox"/>
S	VELASCO, NEDRA	718 SW PORT ST LUCIE BLVD	PORT ST LUCIE FL	<input type="checkbox"/>
D	VELASCO, ERNESTO SR	718 SW PORT ST LUCIE BLVD	PORT ST LUCIE FL	<input type="checkbox"/>
D	PORCH, C EDWARD	718 SW PORT ST LUCIE BLVD	PORT ST LUCIE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		702 SW PSL Blvd		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		702 SW PSL Blvd		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		702 SW PSL Blvd		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		702 SW PSL Blvd		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.23.00

Date

Daytime Phone #

CR2F034 (9/93)