

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 641572

1. Entity Name

WELCOME CORPORATION

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90092 026 \*\*\*150.00

Principal Place of Business Mailing Address  
1 S.E. 3RD AVE. 1 S.E. 3RD AVE.  
SUITE 800 SUITE 800  
MIAMI FL 33131 MIAMI FL 33131-1710

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-1967043 Applied For Not Applicable

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

TORRES, CIRO  
5249 N.W. 7 STREET  
APT. 404  
MIAMI FL 33126

Name  
Street Address (P.O. Box Number is Not Acceptable)  
400 N.E. 14th Avenue  
Apt. 418  
City Hallandale FL Zip Code 33009

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVPD  
NAME TORRES, CIRO  
STREET ADDRESS 5249 N.W. 75TH #404  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 400 N.E. 14th Avenue, Apt. 418  
CITY-ST-ZIP Hallandale, FL 33009

TITLE SD  
NAME CAOLI, NINA M  
STREET ADDRESS 2300 NE 1ST LANE #404  
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 400 N.E. 14th Avenue, Apt. 418  
CITY-ST-ZIP Hallandale, FL 33009

TITLE TD  
NAME VAZQUEZ, LUIS E  
STREET ADDRESS 9820 S.W. 6 TERRACE  
CITY-ST-ZIP MIAMI FL ☒ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1-11-00 (205) 607.6944