## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 10, 2000 8:00 am Secretary of State DOCUMENT # 683530 1. Entity Name EL PRADO, CORP. 08-10-2000 90002 012 \*\*\*150.00 Principal Place of Business Mailing Address 3707 N.W. 7TH STREET 3707 N.W. 7TH STREET MIAMI FL 33126-5501 MIAMI FL 33126-5501 BUVVYYYY 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2041292 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GELPI, GLADYS Street Address (P.O. Box Number is Not Acceptable) 2337 PONCE DE LEON BLVD. CORAL GABLES FL 33134 Zip Code FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min, will be \$750,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. STDP TITLE Delete ☐ Addition TITLE Change GELPI, GLADYS NAME NAME STREET ADDRESS 2610 SW 16TH TERR #6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CUY:ST-7iP CITY-ST-ZIP Delete ☐ Addition TITI.E ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNALUME REQUIREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Ceceyi 7-22-00

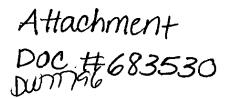
30-6491681

CR2E034 (5/00)

Daytime Phone #

Change

☐ Addition



July 22, 2000

Department of State Division of Corporations Tallahassee. FL

Subject:

EL Prado, Corp. - #683530

To Whom It May Concern:

Recently we received the annual business report for 2000. On the cover of the report, it states that this is the second notice and the fee for filing is \$550.00. Based on our records, we never received the first annual business report. The report could have lost or misplaced by the post office or an employee of my Corporation. Please accept this check for \$150.00 for the 2000 year. We apologize for any inconvenience this may have caused and ask that you accept the \$150.00 and waive the penalties. We had no intention of sending the annual business report late. If we had received it on time we would have sent it right away.

Thank you very much for your cooperation.

Sincerely,

President