

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90462 011 \*\*\*\*70.00

**DOCUMENT # 724625**



1. Entity Name  
**EL VEDADO, INC.**

Principal Place of Business  
**237 S.W. 13TH ST  
APT. 100  
MIAMI FL 33130**

Mailing Address  
**237 S.W. 13TH ST  
APT. 100  
MIAMI FL 33130**

**1100290**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1595799**

Applied For  
 Not Applicable

Zip

Country

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

**ZELAYA, JOSE S  
237 S.W. 13TH ST  
APT. 100  
MIAMI FL 33130**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZELAYA, JOSE S	
STREET ADDRESS	237 S.W. 13 STREET, #409	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MILO, ALBERTO JR.	
STREET ADDRESS	237 S.W. 13 STREET, #405	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TUROS, MANUEL A	
STREET ADDRESS	237 S.W. 13TH STREET, #301	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DELGADO, ALBERTO J	
STREET ADDRESS	237 S.W. 13TH ST, #306	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	V	<input type="checkbox"/> Delete
NAME	CABRAL, MIRIAN I	
STREET ADDRESS	237 S.W. 13TH ST, #101	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	V	<input type="checkbox"/> Delete
NAME	SELVA, RINA E	
STREET ADDRESS	237 S.W. 13TH ST, #309	
CITY-ST-ZIP	MIAMI FL 33130	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DECCACHE, SAULO N.	
STREET ADDRESS	237 SW. 13 ST, #405	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PANIZT MARIE	
STREET ADDRESS	237 SW 13th st #302	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V. MENOCAL Luis	
STREET ADDRESS	237 SW 13 street # 103	
CITY-ST-ZIP	MIAMI FL 33130	

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 (President)** (305) 860-2959

CR2E037 (10/02)