

# 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**

**11002490**



☒ 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** ☐ Delete  
NAME **ZELAYA, JOSE S**  
STREET ADDRESS **237 S.W. 13 STREET, #409**  
CITY-ST-ZIP **MIAMI FL 33130**

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

TITLE **VP** ☒ Delete  
NAME **MILO, ALBERTO JR.**  
STREET ADDRESS **237 S.W. 13 STREET, #405**  
CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ Change ☒ Addition  
NAME **VP DECCACHE, SAULO N.**  
STREET ADDRESS **237 SW. 13 ST, #405**  
CITY-ST-ZIP **MIAMI FL 33130**

TITLE **TD** ☐ Delete  
NAME **TUROS, MANUEL A**  
STREET ADDRESS **237 S.W. 13TH STREET, #301**  
CITY-ST-ZIP **MIAMI FL 33130**

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

TITLE **SD** ☒ Delete  
NAME **DELGADO, ALBERTO J**  
STREET ADDRESS **237 S.W. 13TH ST, #306**  
CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ Change ☒ Addition  
NAME **SP PANIZT MARIE**  
STREET ADDRESS **237 SW 13th st #302**  
CITY-ST-ZIP **MIAMI FL 33130**

TITLE **V** ☐ Delete  
NAME **CABRAL, MIRIAN I**  
STREET ADDRESS **237 S.W. 13TH ST, #101**  
CITY-ST-ZIP **MIAMI FL 33130**

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

TITLE **V** ☒ Delete  
NAME **SELVA, RINA E**  
STREET ADDRESS **237 S.W. 13TH ST, #309**  
CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ Change ☒ 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: **REQUIRED (President)**

**(305) 860-2959**

CR2E037 (10/02)