

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90029 039 *****70.00

DOCUMENT # 736319

1. Entity Name

SMALL BUSINESS OPPORTUNITY CENTER, INC.

Principal Place of Business

1417 WEST FLAGLER STREET
MIAMI FL 33135

Mailing Address

1417 WEST FLAGLER STREET
MIAMI FL 33135

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1772554

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HURTADO, JUAN C
1417 WEST FLAGLER STREET
MIAMI FL 33135

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RIVAS, ANTHONY C.	
STREET ADDRESS	1417 W. FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FANDINO, ANGEL	
STREET ADDRESS	1417 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	HABIB, JOSEFINA BONET	
STREET ADDRESS	3990 W. FLAGLER STREET	
CITY-ST-ZIP	MAIMI FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALLEJA, RAFAEL	
STREET ADDRESS	1417 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VC	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, FERRONDO	
STREET ADDRESS	1417 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ALMEYDA, GILBERTO	
STREET ADDRESS	970 SW 1ST ST	
CITY-ST-ZIP	MIAMI FL 33135	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

(305) 643-1555

Daytime Phone #

CR2E037 (10/00)