

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90422 001 \*\*\*\*61.25

**DOCUMENT # 740787**

1. Entity Name

**DEPORTIVO DE FOMENTO, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 112195  
 HIALEAH FL 33011-2195  
 US

P.O. BOX 112195  
 HIALEAH FL 33011-2195  
 US

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

**65-0151779**

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

**NODAL, PEDRO M**  
**4655 PALM AVENUE #132**  
**HIALEAH FL 33012**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARCIA, FELIX</b> <b>13440 SW 28 ST</b> <b>MIAMI BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>NODAL, PEDRO M</b> <b>4655 PALM AVENUE APT. 132</b> <b>HIALEAH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DELVALLE, AVILIO</b> <b>1850 W 56 ST APT 2112</b> <b>HIALEAH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GONZALEZ, REINERIO</b> <b>295 E 36 ST</b> <b>HIALEAH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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:

*Frederick M. ...*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Tresora*

*4/24/01*  
 Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)