

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000001141**

1. Entity Name

STAMFORD HOLDING, INC.**FILED**
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90480 009 ***158.75

Principal Place of Business

**153 SEVILLA AVENUE
CORAL GABLES FL 33134
PA**

Mailing Address

**P.O. BOX 140668
CORAL GABLES FL 33134
US****727792**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

**MJF REGISTERED AGENT CORP
153 SEVILLA AVENUE
153 SEVILLA AVE
CORAL GABLES FL 33134**

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 reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
	PD	ALFARO DE ALBA, ELOY	CALLE 50, PLAZA BANCOMER							
		PANAMA, REP. DE PANAMA								
	D	TAPIA CEDENO, JAN FELIPE	CALLE 50, PLAZA BANCOMER							
		PANAMA, REP. DE PANAMA								
	D	MONTES GOMEZ, JUAN ARTURO	CALLE 50, PLAZA BANCOMER							
		PANAMA REP. DE PANAMA								

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C:\P2F034 (10/00)