Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

an apdress, with all other like empowered.

## FILED Mar 06, 2001 8:00 am **DOCUMENT # G49460 Secretary of State** 1. Entity Name JOYERIA ULTRAL, INC. 03-06-2001 90288 011 \*\*\*150.00 Principal Place of Business Mailing Address % ELOY APARICIO % ELOY APARICIO 1171 S.W. BTH STREET 1171 S.W. 8TH STREET C0030394 MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FFI Number 59-2305822 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent APARICIO, ELOY Street Address (P.O. Box Number is Not Acceptable) 1171 S.W. 8TH STREET **MIAMI FL 33130** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PVST** TITLE ☐ Delete TITLE ☐ Change Addition NAME APARICIO, ELOY NAME STREET ADDRESS STREET ADDRESS 1333 SW 13TH AVE CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Change Addition TITLE Delete TITLE APARICIO, ELOY NAME NAME STREET ADDRESS STREET ADDRESS 1333 SW 13TH AVE CITY-ST-ZIP CITY-ST-ZIP-MIAMI FL ☐ Delete TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐1 Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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