

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H72798

1. Entity Name

JULIO D. TORRES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90064 045 ***150.00

Principal Place of Business	Mailing Address
7150 WEST 20TH AVE SUITE 202 HIALEAH FL 33016 US	7150 WEST 20TH AVE SUITE 202 HIALEAH FL 33016-5509 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7100 W. 20 AVE.	3. Mailing Address 7100 W 20 Ave
Suite, Apt. #, etc. Suite 701	Suite, Apt. #, etc. S. 701
City & State Hialeah, FL	City & State Hialeah, FL
Zip 33016	Country USA

4. FEI Number 59-2575928	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALVER, PAUL
7150 WEST 20 AVE
SUITE 202
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name: Julio D. Torres
 Street Address (P.O. Box Number is Not Acceptable): 7100 W 20 Ave, S. 701
 City: Hialeah FL Zip Code: 33016

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: Julio D Torres DATE: 3/4/00
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 Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	DP TORRES, JULIO D. 7100 WEST 20TH AVE SUITE 701 HIALEAH FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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: Julio D Torres DATE: 3/4/00 DAYTIME PHONE #: 305-557-4044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)