**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 22, 2002 8:00 am \$ Secretary of State DOCUMENT # H81353 1. Entity Name 04-22-2002 90279 025 \*\*\*150.00 PORDEL CORPORATION Principal Place of Business Mailing Address 2100 WEST 76TH STREET 2100 WEST 76TH STREET HIALEAH FL 33016 HIALEAH FL 33016 ШS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2592015 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PORTNOY, JOSE Street Address (P.O. Box Number is Not Acceptable) 2100 WEST 76TH STREET, SUITE 403 HIALEAH FL 33016 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition PORTNOY, JOSE NAME NAME 2100 WEST 76TH STREET, SUITE 403 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016-1823 CITY-ST-ZIP TITLE DS ☐ Delete TIT! F ☐ Change ☐ Addition NAME PORTNOY, JUDITH NAME STREET ADDRESS 2100 WEST 76TH STREET, SUITE 403 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016-1823 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DT NAME ALVARADO, MIGDALIA E NAME STREET ADDRESS STREET ADDRESS 2100 WEST 76TH STREET, SUITE 403 CITY-ST-ZIP HIALEAH FL 33016-1823 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Olvarado MIGDALIA ALVARADO 412-2
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date

changed, or on an attachment with an address, with all other like empowered.