

2000 UNIFORM BUSINESS REPORT (UBR)

0262682

DOCUMENT # K21496

1. Entity Name
HERNANDO & VALENCIA PROPERTIES, INC.

FILED

00 APR 20 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2450 SW 137TH AVE SUITE 221 MIAMI FL 33175
2450 SW 137TH AVE SUITE 221 MIAMI FL 33175 6332



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
510 Valencia 2450 SW 137 Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt. # 2 Suite 221
City & State City & State
Coral Gables, FL Miami, FL
Zip Country Zip Country
33134 USA 33175 USA

4. FEI Number 65-0057838 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CABALLERO, MARCIA B
2450 SW 137 AVE
SUITE 221
MIAMI FL 33175

7. Name and Address of New Registered Agent
Name: A & P Registered Agent, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2450 SW 137 Ave
Suite 221
City: Miami FL Zip Code: 33175

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] President DATE: 4/10/00
(NOTE: Registered Agent signature required when reinstating)

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, 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, ELVA P.O. BOX 187 N/A COLON REPUBLIC OF PANAMA RE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS PRETTO, JUDY M 510 VALENCIA AVE., #1 CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESTENOZ, DE CHAMPSAUR M APDO. POSTAL 6-3855 PANAMA REPUBLIC OF PANAMA RE	<input checked="" 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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003219233 -04/24/00--01003--025 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gonzalez, Elva P.O. Box 187 N/A Colon, Republic of Panama	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] JUDY M. PRETTO DATE: 4/10/00 (35) 445-0153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)