

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90049 036 ***150.00

DOCUMENT # 650187056

1. Entity Name

DE VELASCO CREATIVE SERVICES



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

911 E PONCE DE LEON

3. Mailing Address

911 E. PONCE DE LEON

Suite, Apt. #, etc.

1601

Suite, Apt. #, etc.

1601

City & State

CORAL GABLES, FL

City & State

CORAL GABLES FLA

Zip

33134

Country

U.S.A.

Zip

33134

Country

U.S.A.

54028915

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name REEMBERTO CASANAS

Street Address (P.O. Box Number is Not Acceptable)

911 E. PONCE DE LEON #1601

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME ARMANDO F. VELASCO
STREET ADDRESS 911 E. PONCE DE LEON #1601
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VICE PRESIDENT
NAME REEMBERTO CASANAS
STREET ADDRESS 911 E. PONCE DE LEON #1601
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: REEMBERTO CASANAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 305 4420 494
Date Daytime Phone #

CR2E034B (12/02)