

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90471 001 *1,050.00

DOCUMENT # L87788

1. Entity Name
GROUP II OF MIAMI, INC.

Principal Place of Business

8500 SW 8 ST
 STE 222
 MIAMI FL 33144
 US

Mailing Address

8500 SW 8 ST
 STE 222
 MIAMI FL 33144
 US

2. Principal Place of Business

10101 NW 58 St
 Suite, Apt. #, etc.
 #16

City & State
 Miami FL

Zip
 33178

Country
 USA

3. Mailing Address

10101 NW 58 St
 Suite, Apt. #, etc.
 #16

City & State
 Miami FL

Zip
 33178

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0321042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VALDERRAMA, CARLOS A.
 8500 SW 8 ST
 SUITE 222
 MIAMI FL 33144

7. Name and Address of New Registered Agent

Name **Carlos A. Valderrama**
 Street Address (P.O. Box Number is Not Acceptable)
 10101 NW 58 St
 #16
 City **Miami** FL Zip Code **33178**

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)

DATE

4/29/2002

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	VALDERRAMA, CARLOS A.	
STREET ADDRESS	8500 SW 8 ST STE 222	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	V	<input type="checkbox"/> Delete
NAME	VALDERRAMA, L I	
STREET ADDRESS	8500 SW 8 ST STE 222	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VALDERRAMA, JAVIER A	
STREET ADDRESS	8500 SW 8 ST, STE 222	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos A. Valderrama	
STREET ADDRESS	10101 NW 58 St. #16	
CITY-ST-ZIP	Miami FL 33178	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leonor I Valderrama	
STREET ADDRESS	10101 NW 58 St. #16	
CITY-ST-ZIP	Miami FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002 305 554 0507

Date

Daytime Phone #

CR2E034 (9/01)