

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M29368

1. Entity Name

VELPER CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90384 014 ***150.00

Principal Place of Business

1660 W. FLAGLER STREET
MIAMI F 33135
US

Mailing Address

2655 LEJEUNE ROAD
807
CORAL GABLES FL 33134

000567141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2655 LeJeune Road

Suite, Apt. #, etc.

Suite 804

City & State

City & State

Coral Gables, Florida

4. FEI Number 59-2651926

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KATES, LESTER G., ESQ.
GABLES INTERNATIONAL PLAZA, SUITE 807
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
LESTER G. KATES

Street Address (P.O. Box Number is Not Acceptable)
804 Gables International Plaza

2655 LeJeune Road

City
Coral Gables

FL

Zip Code
33134

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

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, 2001 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
STD
VELAZQUEZ, INO
7601 SW 90 AVE
MIAMI FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MURGA, VICTORIANO
8900 SW 75 ST.
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Victoriano Murga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3/28/01

3056420408

Date

Daytime Phone #

CR2E034 (10/00)