

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90209 005 ***150.00

DOCUMENT # M29368

1. Entity Name
VELPER CORPORATION

Principal Place of Business
1660 W. FLAGLER STREET
MIAMI F 33135
US

Mailing Address
2655 LEJEUNE ROAD
804
CORAL GABLES FL 33134

2. Principal Place of Business
875 - 71 St.

3. Mailing Address
8900 SW 75 St

Suite, Apt. #, etc.

City & State
MIAMI BEACH FL

City & State
MIAMI FL

Zip
33141

Country
USA

Zip
33173

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2651926

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KATES, LESTER G., ESQ.
804 GABLES INTERNATIONAL PLAZA
2655 LEJEUNE ROAD
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name
VICTORIANO MURGA
 Street Address (P.O. Box Number is Not Acceptable)
8900 S.W. 75 STREET
MIAMI
 City
FL Zip Code
33173

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 *Victoriano Murga* **PRESIDENT** **3/20/02**
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. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VELAZQUEZ, INO 7601 SW 90 AVE MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURGA, VICTORIANO 8900 SW 75 ST. MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* **VICTORIANO MURGA** **2/24/02** **305 8610029**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)