

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90057 026 \*\*\*\*61.25

**DOCUMENT # N00000008345**

1. Entity Name

**SEMBRANDO FLORES, INC.**

Principal Place of Business

**29355 SOUTH FEDERAL HIGHWAY  
 HOMESTEAD FL 33034**

Mailing Address

**29355 SOUTH FEDERAL HIGHWAY  
 HOMESTEAD FL 33034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVERA, NANCY  
 8250 SW 133 AVENUE ROAD #114  
 MIAMI FL 33183**

Name

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

City

**FL**

Zip Code

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
 NAME **GONZALEZ, JULIO**  
 STREET ADDRESS **13208 SW 133RD STREET**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Laura Fuentes**  
 STREET ADDRESS **93 W. Flagler St.**  
 CITY-ST-ZIP **Apt. #208  
 Miami, FL. 33170**

TITLE **D** ☐ Delete  
 NAME **GREER, TED JR.**  
 STREET ADDRESS **21280 SW 97TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33189**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Ana Gonzalez**  
 STREET ADDRESS **15 Antilla Ave, Apt. # 1**  
 CITY-ST-ZIP **Miami, FL. 33134**

TITLE **SD** ☒ Delete  
 NAME **SANTIAGO, CARMEN**  
 STREET ADDRESS **1236 SW 7TH STREET, #6**  
 CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **TD** ☐ Delete  
 NAME **QUIALA, MARIBEL**  
 STREET ADDRESS **6225 ALTON ROAD**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE **D** ☐ Delete  
 NAME **RIVERA, NANCY**  
 STREET ADDRESS **8520 SW 133RD AVENUE ROAD, #114**  
 CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*

**Nancy Rivera**  
**4.25.01 305242 8294**

CR2E037 (10/00)