

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003794

1. Entity Name
PUERTAS ABIERTAS, INC.

Principal Place of Business Mailing Address
5400 S. UNIVERSITY DR. 5400 S. UNIVERSITY DR.
#409 #409
DAVIE FL 33029 DAVIE FL 33029

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 95-3807024 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TRUJILLO, C M JR
9390 NW 33RD MANOR
SUNRISE FL 33351

7. Name and Address of New Registered Agent

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 *CM Trujillo Jr* CM TRUJILLO JR (AGENT) 10/24/01
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDRADE, FRANCISCO	
STREET ADDRESS	5 PHILLIPSBURG	
CITY-ST-ZIP	IRVINE CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, DAVID	
STREET ADDRESS	5400 S. UNIVERSITY DR., #409	
CITY-ST-ZIP	DAVIE FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUNA, RICHARD	
STREET ADDRESS	5400 S. UNIVERSITY DR., #409	
CITY-ST-ZIP	DAVIE FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, RODGER	
STREET ADDRESS	5400 S. UNIVERSITY DR. #409	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEAK, RENE	
STREET ADDRESS	5400 S. UNIVERSITY DR. #409	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOUTHERLAND, DANNY	
STREET ADDRESS	5400 S. UNIVERSITY DR. #409	
CITY-ST-ZIP	DAVIE FL 33328	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700004685977--6	
CITY-ST-ZIP	-11/16/01--01088--003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	*****61.25 *****51.25	
STREET ADDRESS	700004685977--E	
CITY-ST-ZIP	-11/16/01--01088--004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	*****175.00 *****175.00	
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]* PHOTO REQUIRED

Sept 12 2001 434-4113

FILED

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SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

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