

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002216

1. Entity Name

ACOEMDO DE LA FLORIDA CORP.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90027 033 ****61.25

Principal Place of Business

Mailing Address

3780 NW 28TH ST
MIAMI FL 33142

3780 NW 28TH ST
MIAMI FL 33142-6201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FLORIDA

Zip

Country

Zip
33172

Country
USA

4. FEI Number

65-0581053

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

TORRES, JOSE
2630 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

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	<input type="checkbox"/> Delete
NAME	OLIVO, LEONEL S	
STREET ADDRESS	1894 NW 36 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOREL, RAFAEL	
STREET ADDRESS	6558 NW 36 ST, STE 301	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	S	<input type="checkbox"/> Delete
NAME	TORRES, JOSE	
STREET ADDRESS	2630 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MERCEDES, RAIMUNDO	
STREET ADDRESS	PO BOX 720398	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE ABREU	
STREET ADDRESS	3780 NW 28th St.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE TORRES	
STREET ADDRESS	2630 Hollywood Blvd	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIMUNDO MERCEDES	
STREET ADDRESS	P.O. BOX 720398	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN E. RAMIREZ	
STREET ADDRESS	2814 NW 17 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)