

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001786

1. Entity Name

CAMINO AL REINO INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90173 002 ****72.00

Principal Place of Business

Mailing Address

12525 S.W. 188 ST.
MIAMI FL 33177

12525 S.W. 188 ST.
MIAMI FL 33177-3143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

PEREZ, ERNESTO PASTOR
12525 S.W. 188 ST.
MIAMI FL 33177

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 ☐ Delete
NAME PEREZ, ERNESTO
STREET ADDRESS 12525 S.W. 188 ST.
CITY-ST-ZIP MIAMI FL 33177

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

TITLE ☐ Delete
NAME TORRES, JOSESA
STREET ADDRESS 14024-1 S.W. 263 LANE
CITY-ST-ZIP NARANJA FL 33032

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

TITLE ☒ Delete
NAME MARTINEZ, ARNARDO
STREET ADDRESS 13151 S.W. 62 TERR., APT. 204
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS NEVAI Perez
CITY-ST-ZIP 12615 SW 188 St
MIAMI FL 33177

TITLE ☐ Delete
NAME PEREZ, ZURISADAI
STREET ADDRESS 12525 S.W. 188 ST.
CITY-ST-ZIP MIAMI FL 33177

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

TITLE ☐ Delete
NAME PEREZ, ALVARO
STREET ADDRESS 11470 S.W. 41 TERR.
CITY-ST-ZIP MIAMI FL 33165

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

TITLE ☐ Delete
NAME MARTINEZ, OSVALDO
STREET ADDRESS 8435 S.W. 156 CT., APT. 1012
CITY-ST-ZIP MIAMI FL 33193

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00 786-293-3816

Date Daytime Phone #

CR2E037 (9/99)