

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000574

1. Entity Name

SIGNOS PROFESIONALES, INC.

Principal Place of Business

Mailing Address

251 GALEN DRIVE UNIT 201
KEY BISCAVNE FL 33149

251 GALEN DRIVE UNIT 201
KEY BISCAVNE FL 33149

2. Principal Place of Business

3. Mailing Address

850 W 49th

850 W 49th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

815

815

City & State

Hialeah

City & State

Hialeah

Zip

Country

Zip

Country

33012

FL

33012

FL

6. Name and Address of Current Registered Agent

MARTINEZ MIRANDA, JULIO ANTONIO
251 GALEN DRIVE UNIT 201
KEY BISCAVNE FL 33149

7. Name and Address of New Registered Agent

Name Martinez Miranda, Julio Antonio
Street Address 850 W 49th apt 815
City Hialeah FL Zip Code 33012

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 Julio Antonio Martinez Miranda 01-24/2001
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY-1, 2001 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

TITLE	DPTS	<input type="checkbox"/> Delete
NAME	MARTINEZ MIRANDA, JULIO ANTONIO	
STREET ADDRESS	251 GALEN DRIVE UNIT 201	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ MIRANDA, JULIO ANTONIO	
STREET ADDRESS	850 W 49th apt 815	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Julio Antonio Martinez Miranda 01-24/2001 / 3408213028
Signature typed or printed name of signing officer or director Date Day's Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-01-2001 90056 044 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)