

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001102

1. Entity Name
EL ARREBOL CORP.

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90363 001 ***900.00

Principal Place of Business
C/O RAFAEL SANCHEZDABALLI. ESO
1101 BRICKELL AVE., STE. 1400
MIAMI FL 33131

Mailing Address
C/O RAFAEL SANCHEZDABALLI. ESO
1101 BRICKELL AVE., STE. 1400
MIAMI FL 33131

41373

2. Principal Place of Business

c/o Rafael Sanchez-Aballi

3. Mailing Address

c/o Rafael Sanchez-Aballi



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0992924

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

SANCHEZ-ABALLI, RAFAEL ESO
1101 BRICKELL AVE., STE. 1400
MIAMI FL 33131

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

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 **D** ☐ Delete
NAME **VALENZUELA LARRANAGA,**
STREET ADDRESS **1101 BRICKELL AVE., STE. 1400**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PSD
Patricio Valenzuela Larranaga ☒ Change ☐ Addition
1101 Brickell Ave, Ste. 1400
Miami, FL 33131

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

(305) 373-0330

Daytime Phone #

CR2E034 (10/00)