

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000001507**

1. Entity Name

EL PUERTO DE VALLARTA INC.**FILED**
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90005 050 ***150.00

Principal Place of Business

**12785 SW 248 STREET
PRINCETON FL 33032**

Mailing Address

**12785 SW 248 STREET
PRINCETON FL 33032****927847**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 92-4870

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Princeton, FL4. FEI Number **65-0971729**

Applied For

Not Applicable

Zip

Country

Zip

Country

33092**U.S.A**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

**RAMIREZ, VIRILIO
12785 SW 248 STREET
PRINCETON FL 33032**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	RAMIREZ, VIRILIO	24988 SW 128 PATH	PRINCETON FL 33032	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	RAMIREZ, HORACIO	24988 SW 128 PATH	PRINCETON FL 33032	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	RAMIREZ, SAUL	24988 SW 128 PATH	PRINCETON FL 33032	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

3/2/01 305-258-9293

CR2E034 (10/00)