

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030388

1. Entity Name

VOCES LIBRES, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90134 050 ***150.00

Principal Place of Business

4108 HEARTHSTONE DRIVE
SARASOTA FL 34238-3202

Mailing Address

4108 HEARTHSTONE DRIVE
SARASOTA FL 34238-3202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0989729

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

CHACON, JORGE R
4108 HEARTHSTONE DRIVE
SARASOTA FL 34238-3202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-stating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEREZ, FREDY J 5181 NUTMEG AVENUE SARASOTA FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHACON, JORGE R 4108 HEARTHSTONE DRIVE SARASOTA FL 34238-3202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHACON, JAVIER 2719 BOTANY AVENUE SARASOTA FL 34239	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CUBILLOS, ALEXANDER 7024 PERSIMMON PLACE SARASOTA FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HERNANDEZ, JAIRO 5818 NUTMEG AVENUE SARASOTA FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORTIZ, LUIS F 630 BUTTONWOOD DRIVE LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JAIRO HERNANDEZ 3409 CORONADO DRIVE, APT. 1901 SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FREDY J. PEREZ 4411 BEE RIDGE ROAD, # 183 SARASOTA, FL 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

JORGE R. CHACON

04/26/01

Date

(941) 966-1145

Daytime Phone #

CR2E034 (10/00)