## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000030561

1. Entity Name

ENVIOS & LLAMADAS UNIVERSAL, INC.

				COO WE THE				
Principal Place of Business 1260 WEST 68TH STREET MIAMI FL 33014  2. Principal Place of Business		Mailing Address 1260 WEST 68TH STREET MIAMI FL 33014						
		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0989658	65-0989658 Applied Not App		ĺ	
Zip	Country	Zip	Country	,	5. Certificate of Status Desired S8.75		Additional uired	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Register	red Agent		_
	V. Hallo and Addices of Carroll			Name				1
6230 WEST	ASSOCIATES 21ST COURT		Street Address		s (P.O. Box Number is Not Acceptable)			
HIALEAH F	L 33016			City		FL Zip Coo	de	 
SIGNĀTURE _	ons of registered agent.  Signature, typed or printed name of registered agent.  LE NOW!!! FEE IS \$150.00	and title if applicable.	(NOTE: Registered A	gant signature requi		ATE .		
مخ After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	بر ا
TITLE	P	☐ Dele	te TITLE			☐ Change	☐ Addition	8
STREET ADDRESS	MEDINA, GREGORIO M 1260 W 68 ST HIALEAH FL 33014		NAME STREET CITY-S	ADDRESS T-ZIP				01/ VC01
TITLE NAME STREET ADDRESS		Dele	NAME STREET	ADDRESS		☐ Change	☐ Addition	٥
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dele	NAME	AODRESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>	□ Dele	te TITLE	ADDRESS		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dek	NAME	ADDRESS		☐ Change	☐ Addition	
TITLE		☐ Dele				Change	☐ Addition	

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacho ent with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

Oyle Dayline Phone \*

**FILED** 

May 05, 2003 8:00 am Secretary of State

05-05-2003 91848 040 \*\*\*150.00