

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035172

1. Entity Name
PALOMINO DE VELASCO, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90393 036 ***150.00

Principal Place of Business
407 LINCOLN ROAD SUITE 5B
MIAMI BEACH FL 33139

Mailing Address
407 LINCOLN ROAD SUITE 5B
MIAMI BEACH FL 33139

00044200



DO NOT WRITE IN THIS SPACE

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

65-0997046

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

BRITO, GEORGE L
407 LINCOLN ROAD SUITE 5B
MIAMI BEACH FL 33139

Name Garcia Méndez, Karen

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

14548 S.W. 95th Lane

City

Miami

FL

Zip Code

33186

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 *Karen Garcia Méndez*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/01

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 ☐ Delete
PSTV DE VELASCO, BARBARA P
STREET ADDRESS 756 NE 72ND TERRACE
CITY-ST-ZIP BELLE MEADE FL 33138

TITLE NAME ☒ Change ☐ Addition
7609 Estates Drive
STREET ADDRESS N. Port FL 34287
CITY-ST-ZIP

TITLE NAME ☐ Delete
D DE VELASCO, BARBARA P
STREET ADDRESS 756 NE 72ND TERRACE
CITY-ST-ZIP BELLE MEADE FL 33138

TITLE NAME ☒ Change ☐ Addition
7609 Estates Drive
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TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ 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

Date

Daytime Phone #

4/21/01

941-429-9432

CR2E034 (10/00)