

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

06-05-2001 90031 010 \*\*\*150.00

00057741

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000036910

1. Entity Name

Torres Keystone, Inc.

Principal Place of Business

Mailing Address

1555 W. 4nd. Place  
 # 5  
 Hialeah, FL 33012

1555 W. 4nd. Place  
 # 5  
 Hialeah, FL 33012

2. Principal Place of Business

1555 W. 42nd. Place

3. Mailing Address

1555 W. 42nd. Place

Suite, Apt. #, etc.

# 5

Suite, Apt. #, etc.

# 5

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33012

Country

US

Zip

33012

Country

US

4. FEI Number

65-1000232

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

Valdes, Nivaldo  
 1555 W. 4nd. Place # 5  
 Hialeah, FL 33012

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!!**

**After MAY 1, 2001**

**Make Check Payable**

**FEE IS \$150.00**

**Fee will be \$550.00**

**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	PD	<input type="checkbox"/> Delete
NAME	Valdes, Nivaldo	
STREET ADDRESS	1555 W. 4nd Place # 5	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Torres, Jesus	
STREET ADDRESS	375 West 18th St # 109	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Rodriguez, Augusto	
STREET ADDRESS	340 West 19th St # 6	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valdes, Nivaldo	
STREET ADDRESS	1555 W. 42nd. Place # 5	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 no one other than the filer, the receiver or trustee empowered to execute this report or the filer's agent, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nivaldo Valdes

5/30/01 (786) 351-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)