

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90204 025 ***150.00

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DOCUMENT # P00000037810

1. Entity Name

ESPACIO FINANCIERO, INC.

Principal Place of Business

~~501 BRICKELL KEY DR., SUITE 504~~
~~MIAMI FL 33131~~

Mailing Address

~~501 BRICKELL KEY DR., SUITE 504~~
~~MIAMI FL 33131~~

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2915 Biscayne Blvd.

3. Mailing Address

Same as

Suite, Apt. #, etc.

Suite 304

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

65-1011066

Applied For

Not Applicable

Zip

33137

Country

U.S.A.

Zip

Country

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

ROBINSON, WESLEY M
501 BRICKELL KEY DR., SUITE 504
MIAMI FL 33131

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 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **ALVAREZ OMES, ANGEL LUIS**
 CITY-ST-ZIP **501 BRICKELL KEY DR., SUITE 504**
MIAMI FL 33131

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 2915 Biscayne Blvd, Ste. 304
 CITY-ST-ZIP Miami FL 33137

TITLE ☐ Delete
 NAME Juan E. Alvarez
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Director & Treasurer
 STREET ADDRESS Juan E. Alvarez
 CITY-ST-ZIP 2915 Biscayne Blvd, Ste. 304
Miami, FL 33137.

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Director & VP of Business
 STREET ADDRESS Claudia Bonetti
 CITY-ST-ZIP 2915 Biscayne Blvd. Ste 304
Miami, FL 33137

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Director and Vice Chairman
 STREET ADDRESS David Echeverri
 CITY-ST-ZIP 2915 Biscayne Blvd, Ste. 304
Miami, Florida 33137.

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Director
 STREET ADDRESS Elena Viñella
 CITY-ST-ZIP 2915 Biscayne Blvd., Ste. 304
Miami, FL 33137

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Director & Secretary
 STREET ADDRESS Wesley M. Robinson
 CITY-ST-ZIP 501 Brickell Key Dr., Ste. 504
Miami FL 33131.

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 #

CR2E034 (10/00)