## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED Jan 31, 2002 8:00 am			
DOCUMENT # P0000038324  1. Entity Name EL LIBANO VO CORP.							Secretary of State 01-31-2002 90061 031 ***155.00			
Principal Place of Business 9801 S.W. 5TH ST. MIAMI FL 33174			Mailing Address 9801 S.W. 5TH ST. MIAMI FL 33174				) (1801/80) (1) 82/11 88/11 88/11 88/11 88/11 88/11	nii <b>88180</b> (il <b>8</b> 5 1 <b>8118</b> 0 1511)	9 (1841) <b>9</b> 50) 1 <b>9</b> 4)	
	Place of Business		3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			<b>4</b> . F	65-1009256		Applied For Not Applicable	
Zip	Coi	puntry	Zip	Coun	itry	5. 0	Certificate of Status Desired [	\$8.75 A		
	6. Name and /	Address of Current Rec	gistered Agent		7. Name and Address of New Registered Agent Name					
HARRERA, ISAAC 9801 S.W. 5TH ST.					Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33174					City FL Zip Code					
	•	nits this statement for th	e purpose of changing its	registere	ed office or	registered age	ent, or both, in the State of Florida			
SIGNATURE.	Signature, typed or printe	ed name of registered agent and t	itle if applicable. (NOT	E: Registere	ad Agent signatur	re required when re	Instating)	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, 2002 Fee will be \$550.0 Make Check Payable to Department of			50.00	Election Campaign Financi     Trust Fund Contribution.	· \-/ ++.	00 May Be ed to Fees	
11.		OFFICERS AND DIR		12.		ADI	DITIONS/CHANGES TO OFFICER			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELEZ, GERMA CALLE 7, NO. 3 MEDELLIN, COI	39-215 OF. 902	☐ Delete		1			☐ Change	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERRERA, ISAA 9801 SW 5TH S MIAMILEL 33174	ST	Delete		1			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HERRICH & SOL	<u>.                                    </u>	☐ Delete	NAMI STRE	E	<del>_</del>		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAMI STRE	E			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAMI STRE	E			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		í			☐ Change	☐ Addition	
indicated of the cor	l on this report or surporation or the rece	upplemental report is tru eiver or trustee empowe	ie and accurate and that n	my signat as requir	iture shall ha	ive the same le	19.07(3)(i), Florida Statutes. I furtl egal effect as if made under oath; da Statutes; and that my name ap	that I am an office	er or director	

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-226-2445

Daytime Phone #