

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078483

1. Entity Name
FALKON INC.



FILED

01 OCT -5 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O ARAZOZA, COMAS, DE TORRES, P.A.
2100 SALZEDO STREET SUITE 300
CORAL GABLES FL 33134

Mailing Address

C/O ARAZOZA, COMAS, DE TORRES, P.A.
2100 SALZEDO STREET SUITE 300
CORAL GABLES FL 33134

2. Principal Place of Business

8439 NW 68 ST

3. Mailing Address

8439 NW 68 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

Zip

33166

Country

4. FEI Number

65-1044997

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA, COMAS DE TORRES P.A.
2100 SALZEDO STREET
SUITE 300
CORAL GABLES FL 33134

Name

ARAZOZA & FERNANDEZ-FRAGA P.A.

Street Address

2100 SALZEDO STREET

SUITE 300

CORAL GABLES, FL 33134

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE P
NAME NESTOR RINCON RINCON ☒ Delete
STREET ADDRESS C/O 2100 Salzedo Street, #300
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☒ Addition
NAME NESTOR RINCON RINCON
STREET ADDRESS 8439 NW 68 ST
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 to this report, with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NESTOR RINCON

Date

7/3/01

Daytime Phone #

CR2E034 (5/01)