

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085169

1. Entity Name

FUNDADORES CLUB, INC.

14

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

05-11-2001 90298 027 ***150.00

Principal Place of Business
5944 TRIPHAMMER RD.
LAKE WORTH FL 33463

Mailing Address
5944 TRIPHAMMER RD.
LAKE WORTH FL 33463

2. Principal Place of Business
655 N. MASHTA DR.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 4763
Suite, Apt. #, etc.

City & State
KEY BISCAYNE, FLORIDA
Zip
33149

City & State
MIAMI, FLORIDA
Zip
33101

4. FEI Number **65-1041420**

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

CONTRERAS, MARIO
655 N. MASHTA DR.
KEY BISCAYNE FL 33149

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

MARIO CONTRERAS (PRESIDENT)

04/26/01

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	CONTRERAS, MARIO	655 N. MASHTA DR.	KEY BISCAYNE FL 33149	<input type="checkbox"/>
VPD	DUKELON, ANA	5075 E. CLARO E.	WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/>
SD	DUENAS, LILIA	5944 TRIPHAMMER RD.	LAKE WORTH FL 33463	<input checked="" type="checkbox"/>
TD	BRICENO, ROBERTO	814 HILL DRIVE #H	WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/>
D	CONTRERAS, JOSE	738 NW 1ST STREET	MIAMI FL 33128	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PDVTS				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

MARIO CONTRERAS

04/26/01 (786)395-1191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/00)