

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90142 038 ***150.00

DOCUMENT # P00000098145

1. Entity Name
LIZ VALHUERDI, INC.

Principal Place of Business

Mailing Address

8500 S.W. 8TH STREET
SUITE 218
MIAMI FL 33144

8500 S.W. 8TH STREET
SUITE 218
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

1560 S. DIXIE HIGHWAY
Suite, Apt. #, etc. 203

Same
Same

City & State
CORAL GABLES, FL.

City & State

Zip
33146

Country
USA

Zip
Country

DO NOT WRITE IN THIS SPACE
65-1112710

4. FEI Number
65-1112710

APPLIED FOR

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

VAZQUEZ, LISA
8500 S.W. 8TH STREET
SUITE 218
MIAMI FL 33144

Name
LISA VAZQUEZ
Street Address (P.O. Box Number is Not Acceptable)
1560 S. DIXIE HIGHWAY
SUITE 203
City
CORAL GABLES FL
Zip Code
33146

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)

4/17/02
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 \$550.00
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
PT
NAME
VAZQUEZ, LISA
STREET ADDRESS
5425 S.W. 110TH AVENUE
CITY-ST-ZIP
MIAMI FL 33165

TITLE
P/T
NAME
VAZQUEZ, LISA
STREET ADDRESS
7107 SW 128 CT.
CITY-ST-ZIP
MIAMI, FL 33183

TITLE
V
NAME
VAZQUEZ, MARTHA
STREET ADDRESS
9411 S.W. 4TH APT. 210
CITY-ST-ZIP
MIAMI FL 33174

TITLE
NAME
VAZQUEZ, MARTHA
STREET ADDRESS
Same
CITY-ST-ZIP
V/S

TITLE
S
NAME
PRAT-VAZQUEZ, DULCE
STREET ADDRESS
14081 S.W. 8TH TERR
CITY-ST-ZIP
MIAMI FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02
Date

305-720-5811
Daytime Phone #

CR2E034 (9/01)