

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90004 002 ***558.75

DOCUMENT # P0000010111

1. Entity Name

STOCKCERO, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

8201 NW 66 ST

3. Mailing Address

8201 NW 66 ST

Suite, Apt. #, etc.

SUITE 3

Suite, Apt. #, etc.

SUITE 3

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

US

Zip

33166

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1050989

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **BERGE, PABLO ARTURO A.**

Street Address (P.O. Box Number is Not Acceptable)

8201 NW 66 STREET

SUITE 3

City

MIAMI

FL

Zip Code

33166

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 **PTD**
NAME **BRANDAN, JUAN CARLOS E.** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **VSD**
NAME **BERGE, PABLO ARTURO A.** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

BERGE, PABLO ARTURO A. (305) 597-4511

Date

Daytime Phone #

CR2E034 (11/00)