

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90080 001 \*\*\*150.00  
 03-13-2002 90080 002 \*\*\*\*\*8.75

**DOCUMENT # P00000106227**

1. Entity Name  
**PULLEYS & HOSES INC**

Principal Place of Business

**7168 NW 50 ST  
 MIAMI FL 33166**

Mailing Address

**242 RIVERWALK CIRCLE  
 WESTON FL 33326**

2. Principal Place of Business

**601 75 St. #4**

3. Mailing Address

**601 75 St. #4**

Suite, Apt. #, etc.

**Miami Beach FL**

Suite, Apt. #, etc.

City & State

**Miami Beach FL**

City & State

Zip

**33141**

Country

Zip

**33141**

Country

4. FEI Number

**65-1057159**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BODIN, GLORIA ROA**

**2655 LEJEUNE ROAD SUITE 1001**

**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VELASQUEZ, JAIME 7168 NW 50 ST MIAMI FL 33166</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GIRALDO, COLOMBIA 4360 NW 50 ST MIAMI FL 33166</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GIRALDO, JAIRO 4360 SW 152 AVE MIRAMOR FL 33027</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LLANO, MARINO 5702 JHON CHAFFEY CIRCLE GARDEN GROVE CA 92845</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

*Jaime Velasquez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb/19/2002 3050660547**

Date

Daytime Phone #

CR2E034 (9/01)