

2001 UNIFORM BUSINESS REPORT (UBR)

3

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-05-2001 90353 003 ***150.00

DOCUMENT # P00000115554

1. Entity Name

EL TORRO NEGRO, INC.

Principal Place of Business

Mailing Address

P.O. BOX 839
LABELLE FL 33935

P.O. BOX 839
LABELLE FL 33935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1065573

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

RIEF, FRANK J III
442 W KENNEDY BLVD, STE 340
TAMPA FL 33606

Name

Hans O. Faass

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

1410 CR 78 A

LaBelle

City

FL

Zip Code
33975

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 **Hans O. Faass DP**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

03/05/01

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	D	<input checked="" type="checkbox"/> Delete
NAME	FAASS, HANS O	
STREET ADDRESS	P.O. BOX 839	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAASS, RUTH A	
STREET ADDRESS	P.O. BOX 839	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JAMES M	
STREET ADDRESS	P.O. BOX 839	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAASS, HANS O.	
STREET ADDRESS	P.O. Box 839	
CITY-ST-ZIP	LaBelle, FL. 33975	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAASS, RUTH A.	
STREET ADDRESS	P.O. Box 839	
CITY-ST-ZIP	LaBelle, FL. 33975	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAMES M.	
STREET ADDRESS	P.O. Box 839	
CITY-ST-ZIP	LaBelle, FL. 33975	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 with an address, with all other like empowered.

SIGNATURE: **Ruth A. Faass DS Ruth A FAASS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/05/01

CR2E034 (10/00)