

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90151 009 \*\*\*150.00

**DOCUMENT #**

POOOO01 15554

1. Entity Name

EL TORRO NEGRO INC.

**DO NOT WRITE IN THIS SPACE**

80130393

2. Principal Place of Business  
LaBelle

3. Mailing Address  
POBox 839

Suite, Apt. #, etc.

40 Main St. N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LaBelle, Florida

City & State

LaBelle, Fl.

4. FEI Number

65-1065573

Applied For

Not Applicable

Zip  
33935

Country

Hendry

Zip

33975

Country

Hendry

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Hans O. Faass

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

1410 CR-78-A

City

LaBelle

FL

Zip Code

33975

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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
DP	FAASS, HANS O.	P.O.Box 839	LaBelle, Fl. 33975
DS	FAASS, RUTH A.	P.O.Box 839	LaBelle, Fl. 33975
DVP	SMITH, JAMES M.	P.O.Box 839	LaBelle, Fl. 33975

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ruth A. Faass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

# Attachment

EL TORRO NEGRO  
P.O.Box 839  
LaBelle, Fl. 33975  
Doc.# P00001 15554

P00000115584

July 15, 2002

Florida Dept. of State  
Division of Corporations  
P.O.Box 1500  
Tallahassee, Fl. 32302-1500

Attention: Mr. Rob Brown

Dear Mr. Brown:

It was a pleasure to speak with you. It always makes me feel good when I reach a person in government who is competent and pleasant.

As I explained to you, on July 10, we had sent our form for the new year on April 21, 2002, but I noticed when I got my bank statement, that the check had never been cashed. That prompted the phone call and as you instructed me, I have enclosed my check for \$150.00 to renew.

Again, thank you for your prompt attention to this matter.

Sincerely,

Hans O. Haass

raf.

