

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90131 001 ***300.00

DOCUMENT # P01000049083

1. Entity Name
EL GENERAL CORP.

Principal Place of Business

Mailing Address

C/O LINDA LARREA PA
2300 CORAL WAY SUITE 111
MIAMI FL 33145

C/O LINDA LARREA PA
2300 CORAL WAY SUITE 111
MIAMI FL 33145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Aileen Ortega, P.A.
Suite, Apt. #, etc.
2420 Coral Way

c/o Aileen Ortega, P.A.
Suite, Apt. #, etc.
2420 Coral Way

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33145

33145

U.S.A.

4. FEI Number

65-1107816

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

DADE CORPORATE SERVICES, INC.
2300 CORAL WAY SUITE 103
MIAMI FL 33145

Name

Aileen Ortega, P.A.

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

2420 Coral Way

City

Miami

FL

Zip Code
33145

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

President

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-02

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 **D** ☐ Delete
NAME **CAMPS, RODOLFO**
STREET ADDRESS **2300 CORAL WAY SUITE 111**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **D** ☒ Change ☐ Addition
NAME **Camps, Rodolfo**
STREET ADDRESS **2420 Coral Way**
CITY-ST-ZIP **Miami, FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Horacio Montes**
STREET ADDRESS **2420 Coral Way**
CITY-ST-ZIP **Miami, FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

(305) 856-2884

Daytime Phone #

CR2E034 (9/01)