

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

DOCUMENT # **P01000069860**

1. Entity Name

**EL TREBOL, INC.**

**FILED**

**02 JUL -2 AM 10:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**14657 SW 42 STREET**

Suite, Apt. #, etc.

3. Mailing Address

**14657 SW 42 STREET**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**651140775**

Applied For

Not Applicable

Zip

**33175**

Country

**USA**

Zip

**33175**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**NELLY ROMERO**

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

**14657 SW 42 STREET**

City

**MIAMI**

**FL**

Zip Code

**33175**

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

*Nelly Romero*

Signature typed or printed name of registered agent available if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/1/02**

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

**P/D  
NELLY ROMERO  
9409 FOUNTAINEBLEAU BLD #207  
MIAMI, FL 33172**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**600006534306--7  
-07/19/02--01064--007  
\*\*\*\*\*61.25 \*\*\*\*\*61.25**

**DO NOT WRITE  
IN THIS SPACE**

*Nelly Romero*

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:

*Nelly Romero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NELLY ROMERO**

**7/1/02**

DATE

**305 301 2844**

DAYTIME PHONE #

**Res. 305 480-1081  
Hom 305 553-1099**

CR2E034B (12/01)