

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 21 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

POI 0000 71155

1. Entity Name

Velasquez Brothers Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 PALM AVEN #4 HIALEAH

3. Mailing Address

1800 Palm AV #4

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

HIALEAH

City & State

HIALEAH

Zip

33010

Country

DADE

Zip

33010

Country

DADE

4. FEL Number

65-1097322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

YURI VELAZQUEZ

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

2517 W 70 PL HIALEAH

City

HIALEAH

FL

Zip Code

33016

**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

YURI VELAZQUEZ 05/07/02

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
YURI VELAZQUEZ
2517 W 70 PL
HIALEAH FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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-06/04/02--01092--006
****150.00 ****150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/07/02 305 805 1199

Date

Daytime Phone #

CR2E034B (12/01)