

2006 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

06 SEP 25 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071164

1. Entity Name

EL MUELLE INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

709 N St Rd 7

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

06

City & State

Hollywood FL

City & State

4. FEI Number

65-1125826

Applied For

Not Applicable

Zip

33021

Country

Broward

Zip

Country

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 Miguel J Rios

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

622 North State Rd. 7

Hollywood

City

Hollywood

FL

Zip Code 33021

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. I am familiar with, and accept the obligations of registered agent.

50080151125
09/25/06--01062--015 **150.00
09/20/06

SIGNATURE

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

(NOTE: Registered Agent signature required when rechartering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PSDT
Miguel J. Rios
5520 Buchanan
Hollywood, FL 33024

TITLE
NAME
STREET ADDRESS
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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

09/20/06 954-962-8699

CR2E034B (12/02)

RJR ACCOUNTING SERVICES

TEL 954 – 9628699 / FAX 954 – 9628648

Taking Care of Business

09.20.06

Division of Corporations
PO Box 1500
Tallahassee, Fl 32303

Reference
2006 Annual Report
El Muelle Inc
P01000071164

Enclose you will find aq copy of form UBR for
the year 2006 fully executed and a corporate check
in payment of the regular fee (\$150)

Please accept this payment and activate the Corporation

This form was not previously filed because the officer of
El Muelle Inc did not received the 2006 Form

Thanks

Rafael j Rodriguez
Accountant

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