Apr 29 02 02:20p

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90042 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000081902

1. Entity Name
PUEBLITO VIEJO #2

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2700 SW 37 AVENUE	
Suite, Apt. #, etc. 2	Suite, Apt. #, etc.
City & State MIAMI, FLORIDA	City & State
Zip 33133 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☑ Applied For ☐ Not Applicable

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 MARIA T. LOPEZ
Street Address (P.O. Box Number is Not Acceptable) 2700 SW 37 AVE #2
City MIAMI FL Zip Code 33133

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 ______________________________

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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
GLORIA RODRIGUEZ / PSD 6421 SW 95 AVE MIAMI, FL 33173	
GONZALO RODRIGUEZ / VTD 6421 SW 95 AVE MIAMI, FL 33173	

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CR2E034B (12/01)

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: X [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 Date 305 444 0013 Daytime Phone #