

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90062 048 ***150.00

DOCUMENT # P01000093769

1. Entity Name

FUNDACION PARA EL DESARROLLO DEL TRABAJO AMANTIN O CORP.

Principal Place of Business

**20521 SW 124 PLACE
 MIAMI FL 33177**

Mailing Address

**20521 SW 124 PLACE
 MIAMI FL 33177**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1146145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ROUSSO, MARK E ESO
 3440 HOLLYWOOD BLVD SUITE 360
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

ADOLFO TINOCO

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

20521 SW. 124 PLACE

MIAMI FLA.

City

FL

Zip Code

33177

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

Adolfo Tinoco

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

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

TITLE **PTD** ☐ Delete
 NAME **TINOCO, ZITA**
 STREET ADDRESS **20521 SW 124 PLACE**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE **SD** ☐ Delete
 NAME **TINOCO, ANGELICA M**
 STREET ADDRESS **20521 SW 124 PLACE**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE **VD** ☐ Delete
 NAME **TINOCO, ALEJANDRO M**
 STREET ADDRESS **20521 SW 124 PLACE**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **C ADOLFO TINOCO**
 STREET ADDRESS **20521 SW. 124 PL.**
 CITY-ST-ZIP **MIAMI FLA. 33177**

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/02

Daytime Phone #

CR2E034 (9/01)