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

DOCUMENT # P02000 (13043 1. Entity Name

RECOR INVERSIONES, CORP.



## **FILED** Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90282 007 \*\*\*150.00

## DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address 90105993

Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	J& 31.	DO NOT WRITE IN THIS S	PACE
City & Stat	PER CITY, FL	City & State	7 FL	4. FEI Number 14 - 18724.	Applied For Not Applicable
Zip 3	3328 Country USA	<sup>Zip</sup> 33328	Country USA		8.75 Additional ee Required
Selection of the street water				7. Name and Address of Current Registered Agent	
an and a second	DO NOT W	RITE	Name PA	BLO H. RECALT	DE
		and the second s	Officer Address	(1.0. Box Number 18 Not Acceptable)	
	IN THIS SP		8931 :	SW 52 ST, COOPER en	
	the state of the s		City COOF	ER CITY FL	Zip Code 33328
the obligat	e named entity submits this statement for tions of registered agent	the purpose of changing its r	egistered office or registe	ered agent, or both, in the State of Florida. I am fai	
	1411/2			D4-20-1	03
SIGNATUÆ.	Signature, typed or printed rume of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature require	$\frac{O - 2O - C}{O + O + O}$	03
Jar i	Signature, typyfor printed y me obligated agent a nuary 1 - May 1 Peo is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 K Payable to Florida Department of		Registered Agent signature require	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Jar i	nuary 1 - May 1 Pee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department of OFFICERS AND I	State :	Registered Agent signature require	9. Election Campaign Financing	\$5.00 May Be
Jar Make Check	nuary 1 - May 1 Pee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department of OFFICERS AND I	State >	Registered Agent signature require	9. Election Campaign Financing	\$5.00 May Be
Jar Nake Check 10.	nuary 1 - May 1 Pee Is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department of OFFICERS AND I	State >		9. Election Campaign Financing	\$5.00 May Be
Jar Make Check 10.	nuary 1 - May 1 Pee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Reparable to Florida Department of OFFICERS AND I	State) DIRECTORS	THE CONTRACTOR OF THE CONTRACT	9. Election Campaign Financing	\$5.00 May Be
Jar Make Check 10. TITLE NAME	nuary 1 - May 1 Pee Is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department of OFFICERS AND I	State) DIRECTORS	TITLE NAME	9. Election Campaign Financing	\$5.00 May Be
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	nuary 1. May 1 Pee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of OFFICERS AND I PABLO M. RECAL 8931 9W 52 57. COOPER CITY, FL 3	State) DIRECTORS	TITLE NAME STREET ADDRESS	9. Election Campaign Financing	\$5.00 May Be
Make Check 10.  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	nuary 1. May 1 Pee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Repartment of OFFICERS AND IT  PABLO M. RECAL 8931 5W 52 5T. COOPER CITY, FL 3 M ZOILA M. ORTIZ	State) DIRECTORS	TITLE NAME STREET ADDRESS CITY ST - 21P	9. Election Campaign Financing	\$5.00 May Be
Make Check 10.  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	nuary 1. May 1 Pee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of OFFICERS AND I PABLO M. RECAL 8931 9W 52 57. COOPER CITY, FL 3	State) DIRECTORS	TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS	9. Election Campaign Financing	\$5.00 May Be
Make Check 10.  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	nuary 1. May 1 Pee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Repartment of OFFICERS AND IT  PABLO M. RECAL 8931 5W 52 5T. COOPER CITY, FL 3 M ZOILA M. ORTIZ	State DIRECTORS  -DE 3328	TITLE NAME STREET ADDRESS CITY ST - ZIP TITLE NAME	9. Election Campaign Financing	\$5.00 May Be

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 producted 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 oth

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-71P TITLE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-03

DO NOT WRITE

IN THIS SPACE