

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

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

04-25-2003 90282 007 ***150.00

DOCUMENT # P02000113043

1. Entity Name

RECOR INVERSIONES, CORP.



DO NOT WRITE IN THIS SPACE

90105993

2. Principal Place of Business

8931 SW 52 ST.

Suite, Apt. #, etc.

3. Mailing Address

8931 SW 52 ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

COOPER CITY, FL

City & State

COOPER CITY, FL

4. FEI Number

14-1872455

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

33328

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PABLO M. RECALDE

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

8931 SW 52 ST, COOPER CITY, FL 33328

City

COOPER CITY

FL

Zip Code

33328

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-20-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P
PABLO M. RECALDE
8931 SW 52 ST.
COOPER CITY, FL 33328

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

M
ZOILA M. ORTIZ
8931 SW 52 ST.
COOPER CITY, FL 33328

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-03

Date

954-394-9412

Daytime Phone #

CR2E034B (12/02)