

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

2002

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90243 041 ***150.00

DOCUMENT # P04000006188

1. Entity Name

VILLATORO MASONRY INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6071 BLUEGRASS CIR

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

Zip

33463

Country

FLORIDA

Country

4. FEI Number

56-2430544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JUAN CARLOS VILLATORO

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

6071 BLUEGRASS CIR

City

LAKE WORTH

FL

Zip Code

33463

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

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 P. TRS.
NAME JUAN CARLOS VILLATORO
STREET ADDRESS 6071 BLUEGRASS CIR
CITY-ST-ZIP LAKE WORTH, FL. 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

JUAN CARLOS VILLATORO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05

Date

Daytime Phone #

CR2E034B (12/02)