

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000023861

1. Entity Name

TORRES FENCING, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90006 038 ***158.75

Principal Place of Business

3205 N.W. 135 ST.
 OPA LOCKA FL 33054

Mailing Address

3205 N.W. 135 ST.
 OPA LOCKA FL 33054

2. Principal Place of Business

Same

3. Mailing Address

Same

City & State

City & State

4. FEI Number

65-0411963

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TORRES, SYLVIA
 3201 NW 135TH ST.
 OPA LOCKA FL 33054

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DP	<input type="checkbox"/> Delete
NAME	TORRES, EFRAIN	
STREET ADDRESS	3201 NW 135 ST.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	DST	<input type="checkbox"/> Delete
NAME	TORRES, SYLVIA	
STREET ADDRESS	3201 NW 135TH ST.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	NONE
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

7-26-00

Date

305 688 1831

Daytime Phone #

7-27-00
(attachment)
Doc # P9300023861
BC104094

To whom it may concern:

The reason why this Corp form
is being sent late, is because I
did not receive one this year.
and since some changes had been
made in the past I waited to
hear or receive the form. Finally
I called to find out and requested
the form.

Thank You for understanding
Sincerely Sylvia Torre