

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

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90347 015 ***550.00

DOCUMENT # P94000073420

1. Entity Name

TORNADO PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2201 SW 89 CT

Suite, Apt. #, etc.

Suite 104

City & State

Miami, FL

Zip

33165

Country

U.S.A.

3. Mailing Address

2201 SW 89 CT

Suite, Apt. #, etc.

Suite 104

City & State

Miami, FL

Zip

33165

Country

U.S.A.

4. FEI Number

650549998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jerry Green

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

9200 S. Dadeland Blvd. Suite 700

City

Miami

FL

Zip Code
33156

**DO NOT WRITE
IN THIS SPACE**

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

, Jerry Green, Esquire

Signature, typed or printed name of registered agent, and 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)

**January 1 - May 1: Fee is \$150.00
After May 1, Fee is: \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY- ST- ZIP
**PST
Maritza Pubill Rivera
Marginal San Agustin KM 1,8
Rio Piedras, Puerto Rico 00923**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
Eduardo Pubill Rivera
Marginal San Agustin KM 1,8
Rio Piedras, Puerto Rico 00923**

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address of all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)