

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072512

1. Entity Name

TEPUY INTERNATIONAL, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90287 036 ***150.00

Principal Place of Business

321 N UNIVERSITY DR
PLANTATION FL 33324

Mailing Address

3001 BAYVIEW DR
FORT LAUDERDALE FL 33306

2. Principal Place of Business

1500 BAY ROAD

3. Mailing Address

1500 BAY ROAD

Suite, Apt. #, etc.

438

Suite, Apt. #, etc.

438

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

U.S.A.

Zip

33139

Country

U.S.A.

4. FEI Number

65-0609706

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELASQUEZ, WINSTON
 3001 BAYVIEW DR
 FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

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

City

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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 P
 NAME VELASQUEZ, WINSTON
 STREET ADDRESS 3001 BAYVIEW DR
 CITY-STATE-ZIP FORT LAUDERDALE FL 33306

☐ Delete

TITLE VP
 NAME CARBONELL, JOSE
 STREET ADDRESS 1000 WEST AVENUE #526
 CITY-STATE-ZIP MIAMI BEACH FL 33139

☒ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change☐ Addition

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 Ix empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WINSTON VELASQUEZ

04/18/01

Date

305-695-4224

Daytime Phone #

CR2E034 (10/00)