

**2007 REINSTATEMENT
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000007760**

1. Entity Name **POR TOFINO BEANS CLUB CO INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

649 NE 56 ST

Suite, Apt. #, etc.

3. Mailing Address

649 NE 56 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0646361

Applied For
Not Applicable

Zip

33137

Country

MIAMI Dade

Zip

33137

Country

MIAMI Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DANIEL ROIZ

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

649 NE 56 ST

City

MIAMI

FL

Zip Code

33137

**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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/4/07

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

**DANIEL ROIZ
649 NE 56 ST
MIAMI FL 33137**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T/3 MINTA ROIZ
649 NE 56 ST
MIAMI FL 33137**

TITLE
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CITY - ST - ZIP

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**700110061227
09/28/07--01055--005 **150.00**

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IN THIS SPACE**

REINSTATEMENT 07 AS

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/4/07

Daytime Phone #

07 SEP 24 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

102

September 12, 2007
Miami, Florida

292

Division of Corporation
P.O .Box 1500
Tallahallsee, Fl. 32302-1500

RE: Annual Report
P96000007760
Portofino Beach Club Corp
Annual Report 2007

Attached for your record our check by \$150.00 covering the reports of the reference.

We never received this report our address is as follow ;

649 NE 56 ST
Miami FL. 33137

Thank you for your attention to this matter.


Daniel Ruiz
President