

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
 03-12-2001 90508 003 ***150.00

DOCUMENT # P96000034904

1. Entity Name
TEXELCORP INC.

Principal Place of Business
210 174 ST. APT. 1203
NORTH MIAMI BEACH FL 33160

Mailing Address
P O BOX 630220
MIAMI FL 33163



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 630220

Suite, Apt. #, etc.

Miami, FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

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4. FEI Number **65-0685114**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VERZURA, CLAUDIO
210 174 STREET, APT. 1203
MIAMI FL 33160

7. Name and Address of New Registered Agent

Name **VERZURA, CLAUDIO**

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

250 174 ST.

#1504

City **Sunny Isles**

FL

Zip Code **33160**

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)

March 7-2001
 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** ☐ Delete
 NAME **VERZURA, CLAUDIO**
 STREET ADDRESS **210 174TH STREET, #1203**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Verzura, Claudio**
 STREET ADDRESS **250 174 ST., #1504**
 CITY-ST-ZIP **Sunny Isles FL 33160**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **DEBBIE PERDOMO**
 STREET ADDRESS **250 174 ST. #1504**
 CITY-ST-ZIP **SUNNY ISLES, FL 33160**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)