

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90463 004 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name EL SHOW DE MIAMI, INC.		P96001084449	
Principal Place of Business 235 SIDONIA AVE. #218 CORAL GABLES FLORIDA 33134		Mailing Address	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent MARIA GABRIELA CARRILLO 235 SIDONIA AVE. #218 CORAL GABLES FLORIDA 33134		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See original on back) ☐			
FILE NO. 7111 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MARIA CARRILLO 235 SIDONIA AVE. #218 CORAL GABLES, FL 33134	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR GERARDO VERA 235 SIDONIA AVE #218 CORAL GABLES, FL 33134	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ 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 changed, or on an attachment with an address with all other is empowered.			
SIGNATURE: Quetzil J. Velez		04/26/2001	
SIGNATURE AND TYPED OFFICE NAME OF OFFICER OR DIRECTOR		DATE	