

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000006042**

1. Entity Name

**EL Triunfo FASHIONS, INC**

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90003 002 \*\*\*550.00

Principal Place of Business

Mailing Address

**8290 N.W. Lake Drive Apt 306**  
**MIAMI, FL 33166**

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**MIAMI, FL 33166**

**A0073149**

2. Principal Place of Business

**8025 NW 36 St Ste 302**

3. Mailing Address

**8025 NW 36 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste 302**

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**05-0727367**

Applied For

Not Applicable

Zip

**33166**

Country

**MIAMI-Dade**

Zip

**33166**

Country

**MIAMI-Dade**

5. Certificate of Status Desired ☐

**\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Nunez, Nardo**  
**8025 N.W 36 Street Ste 302**  
**MIAMI, FL 33166**

Name

**Alfonso Cordero**

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

**8025 N.W 36 Street Ste 302**

City

**MIAMI**

FL

Zip Code

**33166**

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

**X** **Nunez, Nardo**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/8/00**

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, 2000 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 ☐ Delete  
NAME **PTD Nunez, Carlos**  
STREET ADDRESS **8290 NW Lake Drive Apt 302**  
CITY-ST-ZIP **MIAMI, FL 33166**

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

TITLE ☐ Delete  
NAME **VPD Nunez, Mardo A**  
STREET ADDRESS **8290 NW Lake Drive Apt 302**  
CITY-ST-ZIP **MIAMI, FL 33166**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE:

**Nunez, Nardo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/8/00**

Date

Daytime Phone #

CR2E034 (9/99)