

2008

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90016 037 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000019013			
1. Entity Name Velez Imports, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 22333 S.W. 103rd Ct. Suite, Apt. #, etc.		3. Mailing Address 22333 S.W. 103rd Ct. Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33190-1415	Country USA	Zip 33190-1415	Country USA
4. FEI Number 65-0731884		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name Velez, Victor	
		Street Address (P.O. Box Number is Not Acceptable) 22333 S.W. 103rd Ct.	
		City Miami	
		FL Zip Code 33190	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
January 1, May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Velez, Victor 22333 S.W. 103rd Ct. Miami, FL 33190	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Mas, Frances 22333 S.W. 103rd Ct. Miami, FL 33190	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Victor Velez 4/29/08 305-594-3908 Date Daytime Phone #	

CR2E034B (12/02)