

2009

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

09 APR 23 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Cutler Bay, FL		City & State Cutler Bay, 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 Cutler Bay			
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 \$650.00 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. Cutler Bay, FL 33190	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300152124153 04/23/09--01034--012 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Mas, Frances 22333 S.W. 103rd Ct. Cutler Bay, FL 33190	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: _____		Victor Velez APR 13-2009 305-594-3908	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)