

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072583

1. Entity Name
VELOR, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90328 050 ***150.00

Principal Place of Business

Mailing Address

~~8000 CORNEL WAY~~
~~MIAMI FL 33165~~

~~8000 CORNEL WAY~~
~~MIAMI FL 33165~~

2. Principal Place of Business

3. Mailing Address

2201 SW 89 Ct

2201 SW 89 Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33165

Country

Zip

33165

Country

4. FEI Number 65-0785784

Applied For

Not Applicable

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

TRIAY, CARLOS A

~~9000 CORNEL WAY~~

~~MIAMI~~

~~6000 CORNEL WAY~~

Name

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

10570 NW 27 St Apt #103

City

Miami

FL

Zip Code

33172

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME ~~POST-INTERMED-1111~~
STREET ADDRESS ~~8000 CORNEL WAY~~
CITY-ST-ZIP ~~MIAMI FL 33165~~

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS LUZ STELLA NEWBERRY QUINTERO
CITY-ST-ZIP 2201 SW 89 Ct
MIAMI, FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Secretary/Treasurer
STREET ADDRESS JUAN CARLOS VELASQUEZ
CITY-ST-ZIP 2201 SW 89 Ct
MIAMI, FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
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 supplement thereto 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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN CARLOS VELASQUEZ 2/2/01 (305)

Date

Daytime Phone #

CR2E034 (10/00)