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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90102 013 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000076407

1. Corporation Name  
REINALDO ULLOA, INC.

Principal Place of Business  
720 N.W. 92 AVENUE  
PEMBROKE PINES FL 33024

Mailing Address  
720 N.W. 92 AVENUE  
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

65-0779294

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 720 NW 92 Ave

Suite, Apt. #, etc.

22 N/A

City & State

23 Pembroke Pines, FL

Zip

24 33024

Country

25 Broward

2a. Mailing Address

26 720 NW 92 Ave

Suite, Apt. #, etc.

27 N/A

City & State

28 Pembroke Pines, FL

Zip

29 33024

Country

30 Broward

9. Name and Address of Current Registered Agent

ULLOA, REINALDO  
725 N.W. 92 AVENUE  
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

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

83 720 NW 92 Ave

84 City Pembroke Pines, FL

85 Zip Code

33024

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Reinaldo Ulloa* (NOTE: Registered Agent signature required when reappointing)

DATE

1/9/99

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME ULLOA, REINALDO

STREET ADDRESS 720 N.W. 92 AVENUE

CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE VPS ☐ DELETE

NAME GUERRA-ULLOA, NEYDA

STREET ADDRESS 720 N.W. 92 AVENUE

CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Reinaldo Ulloa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305/785-3048

CR2E034 (11/98)