## 2002 Uniform Business Report (UBR)

_ 200	)2 Unifor	m Busi	in <b>es</b> s repo	dri (l	JBR)	3.	May 2		ED 002	8:00	am
DOCUMENT # P9700089404  1. Entity Name  VELPEL CORPORATION							May Z Secr	etary 2002 900			
Principal Place of Business  881 OCEAN DRIVE  13E  KEY BISCAYNE FL 33149  US		Mailing Address 881 OCEAN DRIVE 13E KEY BISCAYNE FL 33149 US		<del></del>	-	21881 218 1891 2865 3	Dýhl áðliri Bolfti da	1812-1818 (BIR) S	((21) <b>42</b> 11/ 21 <b>4</b> / 41 <b>4</b>	18	
2. Principa 2050 Suite, Ap	ot. #, etc.	STREET	3. Mailing Address 2050 SW 22' Suite, Apt. #, etc.	~D 57							
519/520 City & State MIAMI - FLORIDA Zip Country			519 /520 City & State HIAM1 - FLO	RIDA		/ <b>00 01 000031</b> — — — — — — — — — — — — — — — — — — —				Applied For Not Applicabl	e l
<b>3</b> 314	Country US 6. Name and Addre		Zip 33 ) Y 5 egistered Agent	Country			of Status Desire	_	\$8.75 A Fee Requi		
VELILLA, JORGE H 881 OCEAN DRIVE APT. 13-E					Street Address (P.O. Box Number is Not Acceptable)						
KEY BISCAYNE FL 33149  8. The above named entity submits this statement for the purpose of changing its re-					City FL Zip Code istered office or registered agent, or both, in the State of Florida.						
SIGNATURE	Signature, typed or printed name	of registered agent and	·		signature required v			DATE		<del></del> ;	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  OFFICERS AND OF			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State			Trus	ction Campaign st Fund Contribu	tion.		00 May Be ed to Fees	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DP VELILLA, JORGE H 881 OCEAN DR #1: KEY BISCAYNE FL		RECTORS Delete	12. TITLE NAME STREET ADDR	ESS	ADDITIONS/0	CHANGES TO O	FFICERS AND	DIRECTOR Change	RS IN 11	E034 (9/01)
NAME STREET ADDRESS CITY-ST-TIP	PELAEZ DE VELILLA 881 OCEAN DR #13 KEY BISCAYNE FL	Ε	Phu	TITLE NAME STREET ADDRE CITY-ST-ZIP	PELAI 2050	sw 22 m	LILLA PAT ST. SUI RIVA 33	TE 519/5	Change 20	☐ Addition	CR2E
TITLE NAME - STREET ADDRESS - CITY-ST-ZIP			☐ Delete	TITLE NAME - ** "STREET ADDRE CITY-ST-ZIP	38=				☐ Change	Addition	
TITLE NAME STREET ADDRESS STY-ST-ZIP			☐ Delete	TITLE NAME STREET ADORES CITY-ST-ZIP	SS			;	☐ Change	Addition	
ITLE NAME STREET ADDRESS ITY-ST-ZIP	-		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss				☐ Change	☐ Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP			□ Dełote	TITLE NAME STREET ADDRES CITY-ST-ZIP	1			·	☐ Change	Addition	
	ertify that the information so on this report or suppleme coration or the receiver or or on an attachment with a		filing does not qualify for the and accurate and that my sed to execute this report as all other like empowered.	e exemption s signature shal required by C	tated in Section have the same hapter 607, FI	in 119.07(3)(i), le legal effect a orida Statutes; a	Florida Statutes. s if made under and that my nam	I further certificath; that I an eappears in	y that the into an officer of Block 11 or	formation or director Block 12 if	