

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90049 033 ***150.00

DOCUMENT # P97000092679

1. Entity Name

AEROPOSTAL PURCHASING, INC.

Principal Place of Business

Mailing Address

~~SW 72 AVE~~
~~FL 33155~~

~~4866 SW 72 AVE~~
~~MIAMI FL 33122-1746~~

2. Principal Place of Business

7640 NW 25TH ST.

3. Mailing Address

7640 NW 25TH ST.

Suite, Apt. #, etc.

SUITE # 103

Suite, Apt. #, etc.

SUITE # 103

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33122

Country

USA

Zip

33122

Country

USA

4. FEI Number

65-0790702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name

RAMON LLAURADO

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

10540 NW 26TH ST. SUITE 103

City

MIAMI

FL

Zip Code

33172

7. Name and Address of New Registered Agent

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

2-21-00

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, 2000 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

TITLE	DPV	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, HAYDHELEN	
STREET ADDRESS	7444 MONACO STREET	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, HAYDHELEN	
STREET ADDRESS	7444 MONACO STREET	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR H. QUIROZ	
STREET ADDRESS	10686 SW 76TH TERR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMON LLAURADO	
STREET ADDRESS	10540 NW 26TH ST STE103	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00

Date

305-592-0394

Daytime Phone #

CR2E034 (9/99)