

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90430 048 \*\*\*150.00

DOCUMENT # P 97000096324

1. Entity Name

VARELA INVESTMENTS CORPORATION

**DO NOT WRITE IN THIS SPACE**

636453

2. Principal Place of Business

4410 West 16 Avenue

3. Mailing Address

same as above

Suite, Apt. #, etc.

29

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

City & State

4. FEI Number

65-0793490

Applied For

Not Applicable

Zip

33012

Country

U S A

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LAZARO VARELA

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

4410 West 16 Avenue

# 29

City

HIALEAH

FL

Zip Code

33012

**DO NOT WRITE  
IN THIS SPACE**

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]*

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	D Lazaro Varela 4410 West 16 Avenue # 29 Hialeah, Florida	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Lazaro Varela 4410 West 16 Avenue #29 Hialeah, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Juan Escalona "DELETE" 2490 West 70 Place Hialeah, Florida	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #