

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90139 049 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000007107

1. Entity Name

DEL VALLE PACKERS CORP

Principal Place of Business

Mailing Address

782 NW 42 AVE
 STE 430
 MIAMI FL 33126

782 NW 42 AVE
 STE 430
 MIAMI FL 33126-5549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0918237**

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

MEMBIELA, JOAQUIN
782 NW 42 AVE
STE 430
MIAMI FL 33126

Name **OSVALDO MARTINEZ**
 Street Address (P.O. Box Number is Not Acceptable)
782 N.W. 42ND AVENUE
SUITE 430
 City **MIAMI** **FL** Zip Code **33126**

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 **OSVALDO MARTINEZ**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **MEMBIELA, MARTA M**
 STREET ADDRESS **782 NW 42 AVE, STE 430**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **P/T/D** ☒ Change ☐ Addition
 NAME **MARTA MEDINA MEMBIELA**
 STREET ADDRESS **782 NW 42 AVE, STE 430**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **STD** ☒ Delete
 NAME **MEMBIELA, JOAQUIN R**
 STREET ADDRESS **782 NW 42 AVE, STE 430**
 CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **S/D**
 STREET ADDRESS **OSVALDO MARTINEZ**
 CITY-ST-ZIP **782 N.W. 42ND AVENUE STE 430 MIAMI, FL 33126**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 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 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: **MARTA MEDINA MEMBIELA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marta Medina Membiela (4-27-00)

Date

(305) 446-4006

Daytime Phone #

CR 1034 1999