

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90919 050 \*\*\*150.00

DOCUMENT # P98000007107

1. Entity Name

DEL VALLE PACKERS CORP

Principal Place of Business

782 NW 42 AVE  
STE 430  
MIAMI FL 33126

Mailing Address

782 NW 42 AVE  
STE 430  
MIAMI FL 33126

2. Principal Place of Business

782 NW 42 AVE

Suite, Apt. #, etc.  
SUITE 433

3. Mailing Address

782 NW 42 AVE

Suite, Apt. #, etc.  
SUITE 433

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number 65-0918237

Applied For

Not Applicable

Zip 33126

Country US

Zip 33126

Country US

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

MARTINEZ, OSWALDO  
782 NW 42 AVE  
STE 430  
MIAMI FL 33126

Name OSVALDO MARTINEZ  
Street Address (P.O. Box Number is Not Acceptable)  
782 NW 42 AVE  
SUITE 433  
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

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, 2001 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  
NAME MEMBIELA, MARTA M  
STREET ADDRESS 782 NW 42 AVE, STE 430  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE PD  
NAME MEMBIELA, MARTA M  
STREET ADDRESS 782 NW 42 AVE, STE. 433  
CITY-ST-ZIP MIAMI, FL 33126 ☒ Change ☐ Addition

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

TITLE STD  
NAME MEMBIELA, JOAQUIN R  
STREET ADDRESS 782 NW 42 AVE, STE 433  
CITY-ST-ZIP MIAMI, FL 33126 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 M. MEMBIELA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Marta M. Membela* 4/24/01

Date

(305) 446-4006

Daytime Phone #

CR2E034 (10/00)