

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90121 016 ***150.00

DOCUMENT # P98000017272

1. Entity Name
PELO II CORPORATION



Principal Place of Business
**2722 N. ROOSEVELT BLVD.
KEY WEST FL 33043
US**

Mailing Address
**1364 WASHINGTON AVENUE
MIAMI BEACH FL 33139
US**



2. Principal Place of Business

Elena
617 Alhambra Cir

3. Mailing Address

617 Alhambra Cir

Suite, Apt., #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Coral Gables FL

City & State
Coral Gables FL

4. FEI Number
65-0394838

Applied For

Not Applicable

Zip
33134

Country
Dade

Zip
33134

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RANDAZZO, ELENA
1364 WASHINGTON AVE.
MIAMI BCH FL 33139**

7. Name and Address of New Registered Agent

Name
Elena Randazzo
Street Address (P.O. Box Numbers Not Acceptable)
617 Alhambra Cir
City
Coral Gables FL Zip Code

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE
Elena Randazzo
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
LINARES, ELENA
STREET ADDRESS
1364 WASHINGTON AVE.
CITY-ST-ZIP
MIAMI BCH FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 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

Date

Daytime Phone #

2-8-03 305-477-7373

CR2E034 (10/02)