

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90164 019 \*\*\*158.75

**DOCUMENT # P98000060834**

1. Entity Name  
**ULTRAMAR WATCH INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**55 NE FIRST ST**

**55 NE FIRST ST**

**STE 25**

**STE 25**

**MIAMI FL 33132**

**MIAMI FL 33132**

2. Principal Place of Business

3. Mailing Address

**628 NE 1st St.**

**628 NE 1st St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI, FL**

**MIAMI, FL**

Zip  
**33132**

Country

Zip  
**33132**

Country

4. FEI Number

**65-0853609**

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

**BRACERAS, JUAN M**  
**1020 NW 34 AVE**  
**MIAMI FL 33125**

Name

**PEDRO ERIGOYEN**

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

**2740 NW 27 AVE**

City

**MIAMI, FL**

**FL**

Zip Code

**33142**

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 **PEDRO ERIGOYEN**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/20/02**

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, 2002 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 **P** ☐ Delete  
 NAME **BRACERAS, FERMIN**  
 STREET ADDRESS **1020 NW 34TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33125**

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

TITLE **V** ☒ Delete  
 NAME **BRACERAS, JUAN M**  
 STREET ADDRESS **1020 NW 34TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33125**

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

TITLE **S** ☐ Delete  
 NAME **BRACERAS, MARIA T**  
 STREET ADDRESS **1020 NW 34TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33125**

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

TITLE **T** ☒ Delete  
 NAME **BRACERAS, JORGE**  
 STREET ADDRESS **1020 NW 34TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33125**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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:

**FERMIN BRACERAS** 04/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)