

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066955

1. Entity Name

VELASCO RIO FLORIDA CORPORATION

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90024 044 ***150.00

Principal Place of Business

4375 SW 10TH PLACE
#101
DEERFIELD BEACH FL 33442

Mailing Address

4375 SW 10TH PLACE
#101
DEERFIELD BEACH FL 33442-8346

2. Principal Place of Business

5561 WISTON PARK BLVD PO BOX 4602

3. Mailing Address

PO BOX 4602

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

City & State

COLONUT CREEK

City & State

DEERFIELD BEACH FL

Zip

33073
FLORIDA

Country

USA

Zip

33442

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0853271

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

HERCULANO VELASCO, MARCOS
4375 SW 10TH PLACE
#101
DEERFIELD BEACH FL 33442

Name

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

City

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.

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PVTS HERCULANO VELASCO, MARCOS 4375 SW 10TH PL #101 DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/25/2000 (954) 4218884

CR2E034 (9/99)