

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90100 028 ***150.00

DOCUMENT # P98000079513

1. Entity Name
 PONVALL ENTERPRISES, INC ✓

Principal Place of Business **Mailing Address**
 18181 NE, 31ST COURT # 1610
 NORTH MIAMI BEACH, FL. 33160

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 65-0865347 **Applied For**
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 JULIO E. MOLINA
 7241 SW, 132ND AVE
 MIAMI, FL. 33183

7. Name and Address of New Registered Agent
 Name: ELSA VALLEJOS
 Street Address (P.O. Box Number is Not Acceptable):
 18181 NE 31ST COURT APT # 1610
 City: NORTH MIAMI BEACH FL Zip Code: 33160

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] DATE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE PD NAME VALLEJOS, ELSA STREET ADDRESS 18181 NE, 31ST COURT #1610 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete
TITLE TD NAME PONCE, JULIO E STREET ADDRESS 18181 NE 31ST COURT # 1610 CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33160 <input type="checkbox"/> Delete
TITLE SD NAME PONCE, ROCIO STREET ADDRESS 18181 NE 31ST COURT # 1610 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Delete STREET ADDRESS <input type="checkbox"/> Delete CITY-ST-ZIP <input type="checkbox"/> Delete
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Delete STREET ADDRESS <input type="checkbox"/> Delete CITY-ST-ZIP <input type="checkbox"/> Delete
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Delete STREET ADDRESS <input type="checkbox"/> Delete CITY-ST-ZIP <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 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] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** _____ **Daytime Phone #** _____

CR2E034 (9/99)