

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004173

1. Entity Name

INVERSIONES EL MIRADOR, INC.

Principal Place of Business

11805 S.W. 107 AVE
MIAMI, FL 33176

Mailing Address

11805 S.W. 107 AVE
MIAMI, FL 33176

2. Principal Place of Business

777 N.W. 72nd AVE

3. Mailing Address

777 N.W. 72nd AVE

Suite, Apt. #, etc.

SUITE 2D 19

Suite, Apt. #, etc.

SUITE 2D 19

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

Zip

33126

Country

4. FEI Number

65-0891348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANTONIO GOMEZ
11805 S.W. 107 AVENUE
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

Antonio Gomez

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

777 N.W. 72nd Ave, suite # 2D19

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 available)

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

TITLE NAME	PTD ANTONIO GOMEZ	☐ Delete
STREET ADDRESS	11805 S.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio Gomez

04-25-00

305-2697293

Date

Daytime Phone #