

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005929

1. Entity Name  
DE SOTO, CORP.

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90035 012 \*\*\*150.00

Principal Place of Business  
62 INDIAN TRACE  
SUITE 159  
WESTON FL 33326

Mailing Address  
62 INDIAN TRACE  
SUITE 159  
WESTON FL 33326

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 65-0893376

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

GONZALEZ, RAMON  
1215 FAIRLAKE TRACE #1008  
FORT LAUDERDALE FL 33326

Name GONZALEZ, RAMON

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

62 INDIAN TRACE, STE 159

City WESTON

FL

Zip Code 33326

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]* RAMON GONZALEZ

02/23/01

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, 2001 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 D  
NAME SCOTTI, THARSIS  
STREET ADDRESS 62 INDIAN TRACE  
CITY-ST-ZIP WESTON FL 33326 ☒ Delete

TITLE D  
NAME JUAN, HERNANDEZ  
STREET ADDRESS 910 SORRENTO DR.  
CITY-ST-ZIP WESTON, FL 33326 ☒ Change ☐ Addition

TITLE D  
NAME BECERRA, MARIA  
STREET ADDRESS 842 SAN REMO DRIVE  
CITY-ST-ZIP WESTON FL 33326 ☒ Delete

TITLE D  
NAME GONZALEZ, FRANCISCO  
STREET ADDRESS 62 INDIAN TRACE STE 159  
CITY-ST-ZIP WESTON, FL 33326 ☒ Change ☐ Addition

TITLE D  
NAME BECERRA, RICCIO  
STREET ADDRESS 842 SAN REMO DRIVE  
CITY-ST-ZIP WESTON FL 33326 ☒ Delete

TITLE D  
NAME ALEGRIA NIEVES  
STREET ADDRESS 910 SORRENTO DR  
CITY-ST-ZIP WESTON, FL 33326 ☒ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME GONZALEZ, RAMON  
STREET ADDRESS 62 INDIAN TRACE STE 159  
CITY-ST-ZIP WESTON, FL 33326 ☐ Change ☒ Addition

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: *[Signature]* RAMON GONZALEZ

02/23/01

(954) 2177033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)