

2001 UNIFORM BUSINESS REPORT (UBR)

300004163553-9
05/08/01-01/42-003
****150.00 ****150.00

0325355

DOCUMENT # P99000010574

1. Entity Name

FONDO NUEVO MANAGEMENT, INC.

Principal Place of Business

340 ROYAL POINCIANA WAY
SUITE 316
PALM BEACH FL 33480

Mailing Address

340 ROYAL POINCIANA WAY
SUITE 316
PALM BEACH FL 33480

2. Principal Place of Business

One North Clematis Street

Suite, Apt. #, etc.

Second Floor

City & State

West Palm Beach, FL

Zip
33401

Country
USA

3. Mailing Address

One North Clematis Street

Suite, Apt. #, etc.

Second Floor

City & State

West Palm Beach, FL

Zip
33401

Country
USA

4. FEI Number 65-0897687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLOCK, JOSEPH P JR
200 S BISCAYNE BLVD
41ST FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04.25.01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FANJUL, ALFONSO	
STREET ADDRESS	340 ROYAL POINCIANA WAY SUITE 316	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	FANJUL, JOSE F	
STREET ADDRESS	340 ROYAL POINCIANA WAY SUITE 316	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	FANJUL, ALFONSO	
STREET ADDRESS	340 ROYAL POINCIANA WAY, STE. 316	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	CT	<input type="checkbox"/> Delete
NAME	FANJUL, ALFONSO	
STREET ADDRESS	340 ROYAL POINCIANA WAY, STE. 316	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VCSO	<input type="checkbox"/> Delete
NAME	FANJUL, JOSE F	
STREET ADDRESS	340 ROYAL POINCIANA WAY, STE. 316	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	KLOCK, JOSEPH P JR.	
STREET ADDRESS	200 S. BISCAYNE BLVD., 41ST FLOOR	
CITY-ST-ZIP	MIAMI FL 33131-2398	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One North Clematis Street, Second Floor	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One North Clematis Street, Second Floor	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One North Clematis Street, Second Floor	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One North Clematis Street, Second Floor	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One North Clematis Street, Second Floor	
CITY-ST-ZIP	West Palm Beach, FL 33401	

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
Joseph P. Klock, Jr. V.P.

04.25.01

Date

305.577.2877

Daytime Phone #

CR2E034 (10/00)

FILED

01 APR 27 PM 3:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE