

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000010574**

1. Entity Name

FONDO NUEVO MANAGEMENT, INC.

Principal Place of Business

**ONE NORTH CLEMATIS ST., 2ND FLOOR
WEST PALM BEACH FL 33401**

Mailing Address

**ONE NORTH CLEMATIS ST., 2ND FLOOR
WEST PALM BEACH FL 33401**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3435

Suite, Apt. #, etc.

City & State

West Palm Beach FL

Zip

Country

33402

Country

Palm Beach

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 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, 2002 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	ONE NORTH CLEMATIS ST., 2ND FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	FANJUL, JOSE F	
STREET ADDRESS	ONE NORTH CLEMATIS ST., 2ND FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	FANJUL, ALFONSO	
STREET ADDRESS	ONE NORTH CLEMATIS ST., 2ND FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	CT	<input type="checkbox"/> Delete
NAME	FANJUL, ALFONSO	
STREET ADDRESS	ONE NORTH CLEMATIS ST., 2ND FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VCSO	<input type="checkbox"/> Delete
NAME	FANJUL, JOSE F	
STREET ADDRESS	ONE NORTH CLEMATIS ST., 2ND FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
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	800005073598--6
STREET ADDRESS	-03/08/02--01065--002
CITY-ST-ZIP	***\$600.00 ***\$150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph P. Klock, Jr., VP

2/6/02

305/577-7000

Date

Daytime Phone #

FILED

02 MAR -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)