

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-09-2000 90035 020 ***150.00

DOCUMENT # P99000016016

1. Entity Name

ESCORPIO, INC.

R.

Principal Place of Business

6256 SOUTHWEST 13TH STREET
MIAMI FL 33144

Mailing Address

6256 SOUTHWEST 13TH STREET
MIAMI FL 33144-5604

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

65-0902688

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

7. Name and Address of New Registered Agent

FERNANDEZ, FERNANDO R
6256 SOUTHWEST 13TH STREET
MIAMI FL 33144

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ESCORPIO INC	<input type="checkbox"/> Delete
NAME	FERNANDO FERNANDEZ	
STREET ADDRESS	6256 SW 13 ST	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	ESCORPIO INC	<input type="checkbox"/> Delete
NAME	FERNANDO FERNANDEZ	
STREET ADDRESS	6256 SW 13 ST	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	ESCORPIO INC	<input type="checkbox"/> Delete
NAME	FERNANDO FERNANDEZ	
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TITLE	ESCORPIO INC	<input type="checkbox"/> Delete
NAME	FERNANDO FERNANDEZ	
STREET ADDRESS	6256 SW 13 ST	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADRIAN	
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: X

(FERNANDO R. FERNANDEZ)
OFFICER

Date

Daytime Phone #

(305) 264-3302

CR2034 (9/99)