

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025065

1. Entity Name

EXPOCUEROS Y/O MANUFACTURAS VELEZ, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90001 023 \*\*\*150.00

Principal Place of Business	Mailing Address
11800 SW 18TH ST. APT 415 MIAMI FL 33175	11800 SW 18TH ST. APT 415 MIAMI FL 33175-1661



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4345 N.W. 110 Ave Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI FLORIDA	City & State
Zip 33178	Country

4. FEI Number 65-0911469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIRON, MARIO F  
 11800 SW 18TH ST, APT 415  
 MIAMI FL 33175

7. Name and Address of New Registered Agent

Name: Giron, Mario F  
 Street Address (P.O. Box Number is Not Acceptable): 4345 N.W. 110 Avenue  
 City: MIAMI FL Zip Code: 33178

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] (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY-1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTERO, PEDRO PABLO		NAME		
STREET ADDRESS	11800 SW 18TH ST, APT 415		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARFAN, BELARMINO		NAME		
STREET ADDRESS	11800 SW 18TH ST, APT 415		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRON, MARIO F		NAME	Giron, Mario F.	
STREET ADDRESS	11800 SW 18TH ST, APT 415		STREET ADDRESS	4345 N.W. 110 Avenue	
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_