

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039238

1. Entity Name

CONCORCIO DE UNIFICACION, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90954 015 ***150.00

Principal Place of Business

Mailing Address

527 N.E. 210TH TERR.
N. MIAMI BEACH FL 33179-1859

527 N.E. 210TH TERR.
N. MIAMI BEACH FL 33179-1859

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

650923193262412

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

PAZ-CHOW, HEYNARD L
527 N.E. 210TH TERR.
N. MIAMI BEACH FL 33179-1859

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

ANGELO FRAU - DIRECTOR

04/26/00

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 ☐ Delete
NAME PAZ-CHOW, HEYNARD L
STREET ADDRESS 527 N.E. 210TH TERR.
CITY-ST-ZIP N. MIAMI BEACH FL 33179-1859

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CHOW, JULIA M
STREET ADDRESS 527 N.E. 210TH TERR.
CITY-ST-ZIP N. MIAMI BEACH FL 33179-1859

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DENNIS, KEVIN D
STREET ADDRESS 2100 BRICKELL AVE., #402
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME FRAU, ANGELO
STREET ADDRESS 7001 S.W. 109TH CT.
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME FRAU, YAMILETH
STREET ADDRESS 7001 S.W. 109TH CT.
CITY-ST-ZIP MIAMI FL 33173

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:

ANGELO FRAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/00

Date

3052989900

Daytime Phone #

CR2E034 (9/99)