

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91346 027 ***150.00

DOCUMENT # P99000042426

1. Entity Name

EL CAMINO INVESTMENTS CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8236 NW 68 St.

Suite, Apt. #, etc.

3. Mailing Address
131 SW 22 Ave.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33166

Country
USA

Zip
33135

Country
USA

4. FEI Number
65-0939413

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Leonor Llano-Matiz

Street Address (P.O. Box Number is Not Acceptable)

8236 NW 68 St.

City MIAMI

FL

Zip Code
33166

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PD
NAME Leonor Llano-Matiz
STREET ADDRESS 8927 SW 40 Terrace
CITY-ST-ZIP MIAMI, FL 33166

TITLE TD
NAME Nicolle Alcazar
STREET ADDRESS 8927 SW 40 Terrace
CITY-ST-ZIP MIAMI, FL 33166

TITLE SD
NAME Joyce Alcazar
STREET ADDRESS 8927 SW 40 Terrace
CITY-ST-ZIP MIAMI, FL 33166

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)