

DOCUMENT # P99000058723

1. Entity Name

VELIZ MAINTENANCE CORP.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90093 044 \*\*\*150.00

Principal Place of Business

Mailing Address

8320 NW 10TH ST. UNIT C-3  
MIAMI, FL. 331268320 NW 10TH ST. UNIT C-3  
MIAMI, FL. 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0944916

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

YORICK VELIZ  
 275 NW 72 AVENUE APT. 12  
 MIAMI, FL. 33126

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 reinstalling)

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 17 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	P	<input type="checkbox"/> Delete
NAME	YORICK VELIZ	
STREET ADDRESS	275 NW 72 AVENUE APT. 12	
CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JUAN VELIZ	
STREET ADDRESS	8230 NW 10TH ST. APT. C-3	
CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARLOS VELIZ	
STREET ADDRESS	8230 NW 10TH ST. UNIT C-3	
CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JUAN VELIZ - VICEPRESIDENT

4/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #