

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058723

1. Entity Name

VELIZ MAINTENANCE CORP.

Principal Place of Business

8230 NW 10TH STREET UNIT C-3  
MIAMI FL 33126

Mailing Address

8230 NW 10TH STREET UNIT C-3  
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number 65-0944916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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, 2001 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

TITLE PD ☐ Delete  
NAME VELIZ, YORICK  
STREET ADDRESS 275 NW 72 AVENUE APT 12  
CITY-ST-ZIP MIAMI FL 33126

TITLE VTD ☐ Delete  
NAME VELIZ, JUAN  
STREET ADDRESS 8230 NW 10TH STREET UNIT C-3  
CITY-ST-ZIP MIAMI FL 33126

TITLE SD ☐ Delete  
NAME VELIZ, CARLOS  
STREET ADDRESS 8230 NW 10TH STREET UNIT C-3  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *Juan Veliz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN VELIZ

04.20.01

Date

Daytime Phone #

305-226-2497  
786-374-7751

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90120 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)