

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 099000064645
 1. Entity Name
ENCARNACION and de VALDEZ INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State
 07-13-2000 90020 031 ***150.00

Principal Place of Business: 1001 NE 125 ST
N. Miami, FL 33161
 Mailing Address: _____

UUUUJJJJ

2. Principal Place of Business
 Suite, Apt. #, etc. _____
 City & State _____
 Zip _____ Country _____

3. Mailing Address
1310 NE 200 terrace
 Suite, Apt. #, etc. _____
 City & State miami FL
 Zip 33179 Country USA

4. FEI Number 65-0938596
 Applied For ☐ Not Applicable ☒
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MARIA E de VALDEZ
1001 NE 125 ST
N. Miami FL 33161

7. Name and Address of New Registered Agent
 Name MARIA E de VALDEZ
 Street Address (P.O. Box Number is Not Acceptable) 1001 NE 125 ST N. MIAMI
 City FL FL Zip Code 33161

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 Maria E de Valdez
 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, 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	
TITLE	<u>PD/ MARIE Jose</u> <input checked="" type="checkbox"/> Delete
STREET ADDRESS	<u>1005 NE 125 ST</u>
CITY-ST-ZIP	<u>N. Miami FL 33161</u>
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<u>PD/ MARIA E. de VALDEZ</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<u>1001 NE 125 ST</u>
CITY-ST-ZIP	<u>N. Miami FL 33161</u>
TITLE	<u>VP/ MARIA ENCARNACION</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<u>1001 NE 125 ST</u>
CITY-ST-ZIP	<u>N. Miami FL 33161</u>
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARIA E. de VALDEZ Maria E de Valdez 5/30/00 30565132
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment
D# 990006R5
00069771

5-30-00

To whom it may concern

This note is to inform the Division of Corpora-
tion that as of as today we haven't receive
the annual report form.

Thank you for sending us an other one
blanarabwader