

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90208 001 ***558.75

DOCUMENT # P99000065394

1. Entity Name

EL TROZADERO, INC.

Principal Place of Business

**1611 PENNSYLVANIA AVENUE--
SUITE 15
MIAMI BEACH FL 33139**

Mailing Address

**1611 PENNSYLVANIA AVENUE
SUITE 15
MIAMI BEACH FL 33139**

A0073545



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3000 SW 3RD AVE 4410

3. Mailing Address

3000 SW 3RD AVE

Suite, Apt. #, etc.

410

Suite, Apt. #, etc.

410

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

05-0934193

Applied For

Not Applicable

Zip

33129

Country

US

Zip

33129

Country

US

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **MCDEVITT, JEFFREY**
STREET ADDRESS **1611 PENNSYLVANIA AVENUE SUITE 15**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **STD** ☒ Delete
NAME **SANCHEZ, EDUARDO**
STREET ADDRESS **1611 PENNSYLVANIA AVENUE SUITE 15**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PD** ☒ Change ☐ Addition
NAME **McDevitt, Jeffrey**
STREET ADDRESS **3000 SW 3RD AVE #410**
CITY-ST-ZIP **Miami, FL 33129**

TITLE **STD** ☒ Change ☐ Addition
NAME **SANCHEZ, Eduardo**
STREET ADDRESS **3000 SW 3RD AVE. #410**
CITY-ST-ZIP **Miami, FL 33129**

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
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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/15/00

Daytime Phone #

305-863-8459

CR2E034 (5/00)