

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99000074653

1. Entity Name

Profesionales Destaca 2. com, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3684 NE 167th Street

3. Mailing Address

3684 NE 167th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

65-0945606

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 DEC -3 PM 6:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800004721138--0

-12/12/01--01075--018

\*\*\*\*750.00 \*\*\*\*750.00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Federico Ramos

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

3684 NE 167th Street

City

North Miami Beach FL

Zip Code

33160

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

11/29/2001

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

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P.S.B.

Federico Ramos

3684 NE 167th Street

North Miami Beach, FL

33160

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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:

11/29/2001

305-9498804

CR2E034 (9/99)