

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-18-2000 90373 034 ***150.00

DOCUMENT # P99000076329

1. Entity Name

ACONCONDIONAR OF FLORIDA, INC.

R

Principal Place of Business

6606 NW 72ND AVE.
 MIAMI FL 33166

Mailing Address

6606 NW 72ND AVE.
 MIAMI FL 33166-3030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0951098

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

OLIER, ANGELA
 6606 NW 72ND AVE.
 MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

Juan Jose Payares

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

6606 NW 72 Avenue

City

MIAMI

FL

Zip Code

33166

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

Angela Olier

2/14/00

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	PD	☒ Delete
NAME	OLIER, ANGELA	
STREET ADDRESS	14500 S.W. 98TH AVE.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	President	☐ Delete
NAME	Juan Jose Payares	
STREET ADDRESS	6606 NW 72 Avenue	
CITY-ST-ZIP	MIAMI FLORIDA 33166	
TITLE	Vice President	☐ Delete
NAME	Rosmary Olier Payares	
STREET ADDRESS	6606 NW 72 Avenue	
CITY-ST-ZIP	MIAMI FLORIDA 33166	
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	President	☐ Change ☒ Addition
NAME	Juan Jose Payares	
STREET ADDRESS	6606 NW 72 Avenue	
CITY-ST-ZIP	MIAMI FLORIDA 33166	
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 all other like empowered.

SIGNATURE:

Juan Jose Payares

2/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #