

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079645

1. Entity Name

ILUSIONES EN PAPEL, CORP.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90025 025 ***150.00

Principal Place of Business

9187 FONTAINEBLEAU BLVD.,#4
MIAMI FL 33172

Mailing Address

9187 FONTAINEBLEAU BLVD.,#4
MIAMI FL 33172-6313

2. Principal Place of Business

8150 S.W. 8TH ST.

Suite, Apt. #, etc.

122

City & State

MIAMI, FL.

Zip
33144

Country

3. Mailing Address

8150 S.W. 8TH ST.

Suite, Apt. #, etc.

122

City & State

MIAMI, FL.

Zip
33144

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0946725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERRANO, CARLOS
9187 FONTAINEBLEAU BLVD.,#4
MIAMI FL 33172

Name

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

8150 S.W. 8TH ST. STE. 122

City MIAMI

FL

Zip Code
33144

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

Carlo Serrano

CARLOS SERRANO

04/29/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERRANO, CARLOS 9187 FONTAINEBLEAU BLVD.,#4 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SERRANO, MERCY 9187 FONTAINEBLEAU BLVD.,#4 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRANDA, LUIS 9187 FONTAINEBLEAU BLVD.,#4 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Carlo Serrano

04/29/2000 (305) 267-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #