

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90313 011 ***150.00

DOCUMENT # P99000091054

1. Entity Name
VELTRO ASSOCIATES, INC.



Principal Place of Business
4924 MARLIN DR.
NEW PORT RICHEY FL 34652

Mailing Address
4924 MARLIN DR.
NEW PORT RICHEY FL 34652



2. Principal Place of Business

VELTRO ASSOCIATES INC

3. Mailing Address

VELTRO ASSOCIATES INC

Suite, Apt. #, etc.

103 FLORAL DR -

Suite, Apt. #, etc.

103 FLORAL DR

City & State

TAMPA FL

City & State

TAMPA FLORIDA

Zip

33613

Country

USA

Zip

33613

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3605252

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELEZ, AMERICO
4924 MARLIN DR.
NEW PORT RICHEY FL 34652

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **PTD**
NAME: **VELEZ, AMERICO**
STREET ADDRESS: **4924 MARLIN DR.**
CITY-ST-ZIP: **NEW PORT RICHEY FL 34652**

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
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11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:
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CITY-ST-ZIP:
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)