

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101216

1. Entity Name

VERACRUZ PROPERTIES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90347 035 ***150.00

Principal Place of Business

615 S.W. 82ND AVE.
MIAMI FL 33144

Mailing Address

615 S.W. 82ND AVE.
MIAMI FL 33144

00043085

2. Principal Place of Business

771 SW 10 street.

3. Mailing Address

P.O. Box 52-7205

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33130

Country

US

Zip

33152

Country

4. FEI Number

65-0980516

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE ALBA, FELIPE
300 NW 107TH AVE
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

LIVIER PORTALES

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

7340 SW 36 STREET

City

MIAMI

FL

Zip Code

33155

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

L. Portales

LIVIER PORTALES

4/22/01

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, 2001 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	PVST	<input checked="" type="checkbox"/> Delete
NAME	DE ALBA, FELIPE	
STREET ADDRESS	300 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE ALBA, FELIPE	
STREET ADDRESS	300 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTALES, LIVIER	
STREET ADDRESS	7340 SW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTALES, LIVIER	
STREET ADDRESS	7340 SW 36 ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

L. Portales

LIVIER PORTALES

4/22/01

305-2600160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)