

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000102884**

1. Entity Name

**PROMOTORA PICCOLO INC.****FILED****Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90082 049 \*\*\*150.00

Principal Place of Business

**1811 VISCAYA PKWY.  
CAPR CORAL FL 33990**

Mailing Address

**1811 VISCAYA PKWY.  
CAPR CORAL FL 33990**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable5. 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

**ESCOBAR, ELIAS  
1811 VISCAYA PKWY.  
CAPR CORAL FL 33990**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/23/00**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b>	TITLE	<b>President</b>
NAME	<b>ESCOBAR, ELIAS</b>	NAME	<b>Cristina Jimenez S.</b>
STREET ADDRESS	<b>1811 VISCAYA PKWY.</b>	STREET ADDRESS	<b>1811 Viscaya Pkwy</b>
CITY-ST-ZIP	<b>CAPR CORAL FL 33990</b>	CITY-ST-ZIP	<b>Cape Coral, Fl. 33990-6211</b>
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	<b>Secretary-Vice-President</b>
NAME		NAME	<b>Doris Saldarriaga</b>
STREET ADDRESS		STREET ADDRESS	<b>1811 Viscaya Pkwy</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Cape Coral. Fl 33990-6211</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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: **Elias Escobar**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23rd/00

Date

Daytime Phone #

**(941) 458-1950**