

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90054 014 ***150.00

DOCUMENT # P99000106207

1. Entity Name **EL TORREON DE COJIMAR, CORP.**

Principal Place of Business
4315 N.W. 7th. St.
Suite 28-29
Miami, Fl. 33126

Mailing Address
~~**4315 N.W. 7th. Street #28**~~
~~**Suite 28**~~
~~**Miami, Fl. 33126**~~

2. Principal Place of Business
4315 N.W. 7th. St.

Suite, Apt. #, etc.
Suite 28-29

City & State
Miami, Fl.

Zip Country
33126 USA

3. Mailing Address
4315 N.W. 7th. St.

Suite, Apt. #, etc.
Suite 51

City & State
Miami, Fl.

Zip Country
33126 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0965772** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~**LOPEZ, Lorenzo**~~
~~**4605 S.W. 1st. Street**~~
~~**Miami, Fl. 33134**~~

7. Name and Address of New Registered Agent

Name
LOPEZ, Lorenzo
 Street Address (P.O. Box Number is Not Acceptable)
4315 N.W. 7th. St.
#28-29
 City **Miami** FL Zip Code **33126**

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  **Lorenzo LOPEZ**
 Registered Agent **03.27.00**

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

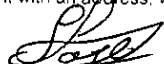
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	LOPEZ, Lorenzo	4605 S.W. 1st. Street	Miami, Fl. 33134	<input checked="" type="checkbox"/>
V	BARROSO, Lourdes M.	4605 S.W. 1st. Street	Miami, Fl. 33134	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
P	LOPEZ, Lorenzo	4315 N.W. 7th. St. #28-29	Miami, Fl. 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	FERNANDEZ, Julio Antonio	4315 N.W. 7th. St. 28-29	Miami, Fl. 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **Lorenzo LOPEZ**
 President **03.27.00** (305)442-0250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)