

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S38021

1. Entity Name

VIZCAYA LANDSURVEYOR INC.

Principal Place of Business

13217 SW 46 LN  
MIAMI FL 33175-1382  
US

Mailing Address

13217 SW 46 LN  
MIAMI FL 33175-3918  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0262240

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

ALVAREZ, JORGE  
15390 SW 157TH TERR  
MIAMI FL 33187

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

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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, RAMON E.		NAME	
STREET ADDRESS	13217 SW 46 LN		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175-1382		CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, RMIRTHA B.		NAME	
STREET ADDRESS	13217 SW 46 LN		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175-1382		CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, LORRAINE E.		NAME	
STREET ADDRESS	13217 SW 46 LN		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175-1382		CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MIRTHA C.		NAME	
STREET ADDRESS	13217 SW 46 LN		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175-1382		CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOIRAC, ARTURO R		NAME	
STREET ADDRESS	6423 COLLINS AVE.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

(305) 223-6060

Daytime Phone #

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90186 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)