

5/19

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-19-2002 90231 046 ***150.00

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 33175-1382
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0262240

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



92011

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, 2002 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** ☐ Delete
 NAME **GONZALEZ, RAMON E.**
 STREET ADDRESS **13217 SW 46 LN**
 CITY-ST-ZIP **MIAMI FL 33175-1382**

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

TITLE **VD** ☐ Delete
 NAME **GONZALEZ, MIRTHA B.**
 STREET ADDRESS **13217 SW 46 LN**
 CITY-ST-ZIP **MIAMI FL 33175-1382**

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

TITLE **TD** ☐ Delete
 NAME **GONZALEZ, LORRAINE E.**
 STREET ADDRESS **13217 SW 46 LN**
 CITY-ST-ZIP **MIAMI FL 33175-1382**

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

TITLE **SD** ☐ Delete
 NAME **GONZALEZ, MIRTHA C.**
 STREET ADDRESS **13217 SW 46 LN**
 CITY-ST-ZIP **MIAMI FL 33175-1382**

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

TITLE **VD** ☐ Delete
 NAME **TOIRAC, ARTURO R**
 STREET ADDRESS **6423 COLLINS AVE.**
 CITY-ST-ZIP **MIAMI BCH. FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

RAMON GONZALEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/6/02

(305)223-6060

CR2E034 (9/01)