

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91236 043 ***150.00

0205467

DOCUMENT # S59140

1. Entity Name
POPULAR MANAGEMENT CORPORATION

Principal Place of Business
**7500 N.W. 69TH AVE.
 MEDLEY FL 33166**

Mailing Address
**7500 N.W. 69TH AVE.
 MEDLEY FL 33166**

658208



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0268409**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TRIAY, CARLOS A
 999 PONCE DE LEON BLVD #1110
 CORAL GABLES FL 33134**

Name

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

10570 NW 27 St

#103

City

Miami

FL

Zip Code

33172

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P DIAZ, ENRIQUE S**
 STREET ADDRESS **10341 SW 37 ST 7500 NW 69 Ave**
 CITY-ST-ZIP **MIAMI FL 33165 medley, fl 33166**

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

TITLE ☐ Delete
 NAME **S MENESES, RAUL**
 STREET ADDRESS **12061 NW 99 PL 7500 NW 69 Ave**
 CITY-ST-ZIP **MIAMI FL 33165 medley, fl 33166**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: **Enrique Diaz**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-01
 Date

305-885-9774
 Daytime Phone #

CR2E034 (10/00)

Attachment # 859140
658208

May 14, 2001.

TO WHOM IT MAY CONCERN:

The reason we had not send these Payments before were because the
Person who handled these papers before, no longer works for this company.

We recently found them and set them up for payment right away. We are sorry for the
tardiness of these papers. And we promise that this will never happen again.

Thank You
Enrique Diaz


President