

F200000067

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : VILA TAX  
Account Number : I20190000073  
Phone : (954)778-9844  
Fax Number : (954)840-6572

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: mendez.gerson@gmail.com.

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
QUIFUCA COMPANIA ANONIMA, CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

2020 MAY 14 PM 3:52

2020 MAY 14 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAY 15 2020

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: QUIFUCA COMPANIA ANONIMA, CORP

Name of Corporation

DOCUMENT NUMBER: F20000000677

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERSON A MENDEZ MENDEZ

Name of Contact Person

QUIFUCA COMPANIA ANONIMA, CORP

Firm/Company

3652 N UNIVERSITY DR

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

mendez.gerson@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERSON A MENDEZ MENDEZ

at (321) 440-2558

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314


Street Address:

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
ADM	MARJORIE M CARRASCO	3652 N UNIVERSITY DR	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

0. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
GERSON MENDEZ (Day 14, 2020 15:40 EDT)

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**GERSON MENDEZ**

(Typed or printed name of person signing)

**CHAIRMAN**

(Title of person signing)

FILING FEE \$35.00