

## 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	05
Estimated Charge	\$35.00

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2020 JUN 18 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2020 JUN 18 AM 9:02

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JUN 18 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

Name of Contact Person

321 440-2558

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

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F20000000677

\_\_\_\_\_  
(Document number of corporation (if known))

1. QUIFUCA COMPANIA ANONIMA, CORP

\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. FLORIDA

\_\_\_\_\_  
(Incorporated under laws of)

3. 02/02/2020

\_\_\_\_\_  
(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

\_\_\_\_\_  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*


\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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JAN 10 2020

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	Margorie M Carrasco	3652 N UNIVERSITY DR	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
ADM	Marjorie Carrasco Chaustre	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

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 (May 20, 2020 12:34 EDT)

**GERSON MENDEZ**

(Typed or printed name of person signing)

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

**CHAIRMAN**

(Title of person signing)

FILING FEE \$35.00

2020 MAY 19 11 56 AM  
ALLAHBACH STATE FL 00000