

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-02-2002 90110 005 ***150.00

DOCUMENT # K70692
1. Entity Name
CALOSERO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
732 Arthur Godfrey
Suite, Apt. #, etc.

3. Mailing Address
732 Arthur Godfrey
Suite, Apt. #, etc.

City & State
Miami Beach, FL
Zip
33140
County
Miami Dade

City & State
Miami Beach, FL
Zip
33140
County
Miami Dade

4. FEI Number
05-0161998
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Luis Fuentes
Street Address (P.O. Box Number is Not Acceptable)
550 Oriole Ave
City
Miami Springs FL Zip Code
33166

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]
Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1-4-19-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	<u>D</u>	TITLE	
NAME	<u>Luis O. Fuentes</u>	NAME	
STREET ADDRESS	<u>550 Oriole Ave</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Miami Springs, FL 33166</u>	CITY-ST-ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>BENIGNO FUENTES</u>	NAME	
STREET ADDRESS	<u>550 Oriole Ave</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Miami Springs, FL 33166</u>	CITY-ST-ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>Lester Gonzalez</u>	NAME	
STREET ADDRESS	<u>15595 SW 57th</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Miami, FL 331</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

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

DATE
3-20-02
Daytime Phone #