## FILED Feb 25, 2002 8:00 am Secretary of State

3058051927

02-25-2002 90027 048 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039513

1. Entity Name

COLREDES DE OCCIDENTE INC.

Principal Place of Business 5512 NW 72 AVENUE MIAMI FL 33166

**SIGNATURE:** 

Mailing Address

5512 NW 72 AVENUE MIAMI FL 33166

2. Principal Place of Business		3. Mailing Address			1 10011001 110 18110 10111 00111 00111	00117 00188 14119 48484 8410		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number <b>59-3575196</b>	<del></del>	pplied For	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad	fditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MUNOZ, MARIA ELENA			Name Street A	Name Munoz, Maria Elena Street Address (P.O. Box Number is Not Acceptable)				
3615 NE	207TH ST	Circle Address		radicas (i .O.	1.0. Box Number is Not Acceptabley			
#3211			55	5512 NW 72 Avenue				
AVENTUR	A FL 33180		City	liam	•		de 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, 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 Sta		550.00	10. Election Campaign Finar Trust Fund Contribution.	~ _ <del>\</del>	00 May Be d to Fees	
11. OFFICERS AND DIF		RECTORS	12.	Αl	DDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 11	
TITLE	PD	☐ Delete	TITLE	PD	a 1.40	Change	☐ Addition	
NAME	MUNOZ, GUSTAVO		NAME	Huno	z, Gustavo	•		
STREET ADDRESS CITY-ST-ZIP	3605 NE 207 STREET, #4106 AVENTURA FL 33180		STREET ADDRESS CITY-ST-ZIP	5512	NW 72 AVENI	re		
TITLE	VD	☐ Delete	TITLE	Hia.	ni, FL 32/66	NZ 01	- Labore	
NAME	MUNOZ, MARIA ELENA	L_1 Oelele	NAME	VD	z, Maria El	Change Change	☐ Addition	
STREET ADDRESS	3605 NE 207 STREET, #4106		STREET ADDRESS	5512	NW 72 AVEN	N 10		
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP	Miam				
TITLE	TD	☐ Delete	TITLE	TD	<del></del>	Change	☐ Addition	
NAME	MUNOZ, JOSE LUIS		NAME	Huno	z, Jose Luis	2		
STREET ADDRESS	3605.NE.207.STREET, #4106	- /	STREET ADDRESS		NW 72 A Ven	<u>ر ح</u>		
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP	Hiam	ni, FL33/66			
TITLE	SD	☐ Delete	TITLE		•	Change	Addition	
NAME STREET ADDRESS	MUNOZ, EDWIN 5512 NW 72 AVENUE		NAME Street address					
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP				N	
TITLE		☐ Delete	TITLE		T T	☐ Change	Addition	
NAME		□ Delete	NAME			Ghange	Noonion	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		,			
TITLE	<del></del>	☐ Delete	TITLE		·	Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-SI-ZIP		*			
<ol> <li>I hereby conditions indicated of the corporations.</li> </ol>	ertify that the information supplied with th on this report of supplemental report is tr obration of the reliever or trustee empowe or on an abachmen with an address, with	is filing does not qualify for the ue and accurate and that my sered to execute this report as a nation of the properties.	e exemplion stat agnature shall h required by Cha	ted in Section ave the same opter 607, Flor	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oatl ida Statutes; and that my name a \( \Lambda \)	rther certify that the ir h; that I am an officer ippears in Block 11 o	nformation or director r Block 12 if	

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