

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90019 001 \*\*\*150.00  
 02-27-2002 90019 002 \*\*\*\*\*8.75

**DOCUMENT # P99000064397**  
 1. Entity Name  
**COMERCIAL MALLORCA, INC.**

Principal Place of Business Mailing Address  
**MIAMI MERCHANDISE MART MIAMI MERCHANDISE MART**  
**755 NW 72ND AVE., SHOWROOM NO. 13 755 NW 72ND AVE., SHOWROOM NO. 13**  
**MIAMI FL 33126 MIAMI FL 33126**

- 10954



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Mailing Address  
**Miami Merchandise Mart Miami Merchandise Mart**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**755 NW 72 ND AVE. SUITE #13 755 NW 72 ND AVE #13**

City & State City & State  
**Miami, Florida Miami, Florida**

4. FEI Number **65-0934951**  Applied For  
 Not Applicable

Zip Country Zip Country  
**33126 USA 33126 USA**

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

6. Name and Address of Current Registered Agent  
**HOYOS, CARLOS MARIO**  
**777 N.W. 72ND AVENUE**  
**#38850**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent  
 Name **HOYOS, CARLOS MARIO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**777 NW 72 ND AVENUE # 38857**  
**Miami**  
 City **FL** Zip Code **33126**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

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 State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HOYOS, CARLOS M 4100 STANGHORN L.N. WESTON FL 33331-3804</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FALICH, MARIA 4100 STANGHORN L.N. WESTON FL 33331-3804</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NOQUEIRA, SYLVANA 755 N.W. 72ND AVENUE, #13 MIAMI FL 33126</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carlos Mario Hoyos 01/09/02 305 2600502  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)