

FILED
Jul 13, 2001 8:00 am
Secretary of State

05-18-2001 91221 030 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35858

1. Entity Name

CELTIER S.A., INC.

Principal Place of Business

Mailing Address

306 ALCAZAR AVENUE
 STE 303
 CORAL GABLES FL 33134

306 ALCAZAR AVENUE
 STE 303
 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1980599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMAN, MAURICIO J.
 306 ALCAZAR AVENUE
 STE 303
 CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------------------|-------------------------------|-----------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| PD | KRONFLE, EDMUNDO | 306 ALCAZAR AVENUE, SUITE 303 | CORAL GABLES FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| TD | DE KRONFLE, MARIA T. | 306 ALCAZAR AVENUE, SUITE 303 | CORAL GABLES FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| SD | KRONFLE, MARIELA | 306 ALCAZAR AVENUE, SUITE 303 | CORAL GABLES FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-01

Date

Daytime Phone #

CR2E034 (10/00)



Attachment
DT P35858

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

76312

May 31, 2001

CELITIER S.A., INC.
306 ALCAZAR AVENUE
STE 303
CORAL GABLES, FL 33134

Subject: CELITIER S.A., INC.

Reference Number: P35858

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ns
ANNUAL REPORTS SECTION