

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Oct 02, 2002 8:00 am
Secretary of State

10-02-2002 90121 012 ***550.00

DOCUMENT # P01000010871

1. Entity Name

Aizcorbe-Cueto Interiors, Inc
424 Castania Avenue
Coral Gables, FL 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6701 SW. 116 Court
Suite, Apt. #, etc.
#109

3. Mailing Address

424 Castania Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

Coral Gables, FL

4. FEI Number

65-1076375

Applied For

Not Applicable

Zip

33178

Country

DADE

Zip

33146

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lourdes T. Aizcorbe-Cueto

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

424 Castania Avenue

City

Coral Gables

FL

Zip Code

33146

**DO NOT WRITE
IN THIS SPACE**

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]

+10.1.02

Signature, typed or printed name of registered agent and date if applicable.

(If DTC, Registered Agent signature required when reissuing)

DATE

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 NAME STREET ADDRESS CITY-STATE-ZIP	President Lourdes T. Aizcorbe-Cueto 424 Castania Avenue Coral Gables, FL 33146	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Director Lourdes T. Aizcorbe-Cueto 424 Castania Avenue Coral Gables, FL 33146	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-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(2)(b), 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 I am empowered.

SIGNATURE:

[Signature]

+10.2.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing #

CR2E034B (12/01)