

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1042

DOCUMENT # J73898

1. Entity Name

CARLONQ'S FOODS INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 19 PM 3:03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8016 SW 81 DRIVE

3. Mailing Address

8016 SW 81 DRIVE

REINSTATEMENT

07-08

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 33143

City & State

MIAMI FL 33143

4. FEI Number

59-2838698

Applied For

Not Applicable

Zip

33143

Country

MIAMI DADE

Zip

33143

Country

MIAMI DADE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

TOMAS QUISPE

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

9754 SW 75 STREET

City

MIAMI

FL

Zip Code

33173

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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

T. Quispe

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

(NOTE: Registered Agent signature required when reinstating)

6-12-08

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

TOMAS QUISPE
9754 SW 75 STREET
MIAMI FL 33173

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

200131634392
06/24/08--01044--001 **150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

T. Quispe
9754 SW 75 STREET
MIAMI FL 33173

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

600131634506
06/24/08--01044--002 **150.00

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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:

T. Quispe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/08

Date

Daytime Phone #

1/10

2 of 2

June 12,,2008
Miami, Florida

Division of Corporation
P.O .Box 1500
Tallahallsee, Fl. 32302-1500

RE: Annual Report 2007 and 2008
#J73898
Carlone's Foods Inc

Attached for your record our two checks by \$150.00 covering the reports of the reference.

We never received this report our address is as follow ;

8016 SW 81 Drive
MIAMI,FL 33143

Thank you for your attention to this matter.


Tomas Quispe
President