

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90145 003 ***150.00

DOCUMENT # P01000053925

1. Entity Name
OPERA CALCANO, INC.



Principal Place of Business
7640 SW 54TH AVE 2450 NE
MIAMI FL 33143-5856

Mailing Address
7640 SW 54TH AVE
MIAMI FL 33143-5856



2. Principal Place of Business
2450 NE 135TH ST.
Suite, Apt. #, etc.
1011

3. Mailing Address
SAME
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
NORTH MIAMI, FL

City & State

4. FEI Number 01-0621805

Applied For
Not Applicable

Zip 33181 Country MIAMI-DADE

Zip 33181-3535 Country MIAMI-DADE

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

6. Name and Address of Current Registered Agent

RODRIGUEZ-CALCANO, JESUS EDUARDO
7640 SW 54TH AVE
APT 2
MIAMI FL 33143-5856

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2450 NE 135TH STREET
#1011
City NORTH MIAMI FL Zip Code 33181

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTV ☐ Delete
NAME RODRIGUEZ-CALCANO, JESUS EDUARDO
STREET ADDRESS 7640 S.W. 54TH AVE #2
CITY-ST-ZIP MIAMI FL 33143-5856

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2450 NE 135TH STREET # 1011
CITY-ST-ZIP NORTH MIAMI, FL 33181-3535

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/03

Date

(305)

Daytime Phone #

CR2E034 (10/02)