

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90128 006 ***150.00

DOCUMENT # P01000010871

1. Entity Name
AIZCORBE-CUETO INTERIORS, INC.



Principal Place of Business
6701 SW 116 COURT
#109
MIAMI FL 33178
US

Mailing Address
424 CASTANIA AVENUE
CORAL GABLES FL 33146
US



2. Principal Place of Business

3. Mailing Address

424 Castania Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Coral Gables, FL

4. FEI Number 65-1076375

Applied For

Not Applicable

Zip

Country

Zip

Country

33146

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

AIZCORBE-CUETO, LOURDES T
424 CASTANIA AVENUE
CORAL GABLES FL 33146

Name
AIZCORBE-CUETO, LOURDES T.
Street Address (P.O. Box Number is Not Acceptable)

424 Castania Avenue

City Coral Gables

FL

Zip Code 33146

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME AIZCORBE-CUETO, LOURDES
STREET ADDRESS 424 CASTANIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

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

TITLE D
NAME AIZCORBE-CUETO, LOURDES T
STREET ADDRESS 424 CASTANIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

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

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TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date 4/27/03 305-778-3885
Daytime Phone #

CR2E034 (10/02)