

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 278655**

1. Entity Name

CONTINENTAL ELECTRONIC WHOLESALE CORPORATION

Principal Place of Business

1620 W 32ND PLACE
HIALEAH FL 33012
US

Mailing Address

1620 W 32 PL
HIALEAH FL 33012
US

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 **59-1053024**

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**CARBALLO, DELIA
1620 W. 32ND PLACE
HIALEAH FL 33012

Name

Aguilera, Emelina M.

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

1620 W. 32 Place

City

Hialeah**FL**Zip Code
33012

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.

Emelina M. Aguilera / Director

(NOTE: Registered Agent signature required when reinstating)

DATE

01-30-019. 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 State10. 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	D	<input type="checkbox"/> Delete
NAME	AGUILERA, MAVEL	
STREET ADDRESS	1620 WEST 32ND PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MESTRE, FRANCISCO J	
STREET ADDRESS	1620 WEST 32 PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	VALDES-FAULI, RAUL E	
STREET ADDRESS	2 S. BISCAYNE BLVD. SUITE 3400	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARBALLO, DELIA	
STREET ADDRESS	1620 WEST 32 PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MESTRE, ABEL ALBERTO	
STREET ADDRESS	1620 WEST 32 PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aguilera, Emelina M.	
STREET ADDRESS	1620 West 32 Place	
CITY-ST-ZIP	Hialeah FL 33012	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	33012	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 S. Biscayne Blvd.	
CITY-ST-ZIP	Miami, FL 33131-2398	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	33012	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	33012	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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

Emelina M. Aguilera**01-30-01**

Date

305-822-1421

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)