

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006270

1. Entity Name
DURANGO IMPORTS, INCORPORATED

Principal Place of Business
142 W. RHAPSODY, STE 2
SAN ANTONIA TX 78216

Mailing Address
142 W. RHAPSODY, STE 2
SAN ANTONIA TX 78216

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 74-2971327

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

GUZMAN, JUAN
4291 FOX RIDGE DRIVE
FT. LAUDERDALE FL 33331

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPS
GALLEGOS, JAIME F
142 W. RHAPSODY, STE 2
SAN ANTONIA TX 78216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900004718719-1
-12/11/01--01031--025
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 NOV 13 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

202

DURANGO Imports, Inc.

142 W. Rhapsody, STE 2 • San Antonio, TX 78216
Phone: (210) 377-1277 • Fax: (210) 377-2337

November 6, 2001

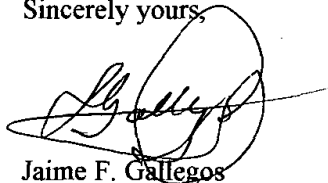
Florida Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I did receive the second notice in the mail on October 12, 2001. I never received any notices prior to that date.

I would very much appreciate you waive any reinstatement fees.

Sincerely yours,



Jaime F. Gallegos