

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91066 049 \*\*\*150.00

DOCUMENT # F01000002099

1. Entity Name

CEMUSA, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2119 N.W. 84th Avenue

3. Mailing Address

2119 N.W. 84th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

13-3944901

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Toulla P. Constantinou

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

2119 N.W. 84th Avenue

City

Miami

FL

Zip Code  
33126

**DO NOT WRITE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Toulla P. Constantinou*

(NOTE: Registered Agent signature required when reinstating)

*April 16, 2003*

DATE

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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	MP/C
NAME	Carlos Baron T.
STREET ADDRESS	2119 N.W. 84th Avenue
CITY-ST-ZIP	Miami, Florida 33126
TITLE	V
NAME	Toulla P. Constantinou
STREET ADDRESS	2119 N.W. 84th Avenue
CITY-ST-ZIP	Miami, Florida 33126
TITLE	T
NAME	Vicente Llorens Blasco
STREET ADDRESS	2119 N.W. 84th Avenue
CITY-ST-ZIP	Miami, Florida 33126
TITLE	S
NAME	Juan de los Rios
STREET ADDRESS	2119 N.W. 84th Avenue
CITY-ST-ZIP	Miami, Florida 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Toulla P. Constantinou*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 16, 2003 312-867-5415*

Date

Daytime Phone #

CR2E034B (12/02)